

MEDICATION PERMISSION FORM

STUDENT'S NAME: _____ GRADE: _____

MEDICATION: _____

DATE TO BEGIN: _____ DATE TO END: _____

DOSAGE: _____

ROUTE: oral, eye drops, nose drops, inhaler, injection, other _____

AMOUNT TO BE GIVEN: _____

TIME TO BE GIVEN: _____

ILLNESS OR CONDITION REQUIRING MEDICATION:

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original labeled container, either as dispensed or in the manufacturer's container.

PARENT SIGNATURE: _____ DATE: _____