

## Permission for Medication

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date Medication started: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

Anticipated side effect: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....

I hereby give my permission for \_\_\_\_\_ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered because of administering the drug.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent of Guardian

**NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy; stating the name of the medication, the dosage, and times to be administered.**