

PERMISSION FOR MEDICATION

Name of student: _____ Grade: _____

School: _____ Teacher: _____

Medication: _____ Dosage: _____

Time of day medication to be given: _____

Date medication started: _____

Reason for medication: _____

Comments: _____

Physician Signature: _____

Date: _____

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
medication to my student in accordance with written instructions from the physician or dentist
shall not be liable for damages as a result of an adverse reaction suffered by the student
because of administering such medication.

Parent/Guardian Signature: _____

Date: _____

Note: The medication is to be brought to school in the original container appropriately labeled
by the pharmacy or physician stating the name of medication, dosage, time to be administered,
and the child's name.