

PERMISSION FORM FOR SHORT TERM MEDICATION ADMINISTRATION

All medication MUST be sent to school in the original container with a written request that the student be permitted to take it.

Student Name _____

Medication Name _____

Dosage _____

Time To Be Given _____

Start Date _____ Stop Date _____

The student has permission of the parent/guardian to take the medication home from school. If the medication is not taken home by the end of the school year, the medication will be discarded.

Parent/Guardian

Signature _____ Date _____