

PERMISSION TO DISPENSE MEDICATION IN SCHOOL

Student's Name _____ Birth Date _____ Grade _____

Dear Parent/ Guardian,

In order to give your child the medication as requested and supplied by you, you must provide the following:

1. A written order from the doctor which includes (MEDICATION NAME, DOSE, TIME TO BE GIVEN AND **DOCTOR'S SIGNATURE**)
2. This permission form completed and signed by parent/guardian
3. Medication in its original prescription bottle from the pharmacy

MEDICATIONS CANNOT BE DISPENSED IN SCHOOL WITHOUT ALL OF THE ABOVE ITEMS

Please complete the bottom portion of this form and return to the school nurse

You have my permission to give _____
(Student's Name)

His/her medication in school.

Name of Medication	Dose	Time to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for taking medication(s) _____

Medication was prescribed by: _____
(Doctor's Name)

(PARENT/ GUARDIAN SIGNATURE)

(DATE)