

Medication Request Permission Form

Dear Parent:

State law permits school personnel to give medication to students at school only when it is provided by parents or legal guardians and with written permission from them. **Prescription medication must be in its' original container and properly labeled by a registered pharmacist. Non-prescription medication (aspirin, Tylenol, cough medication, etc.) must be in its original container labeled with the student's full name, name of medication, and dosage.** The parent or guardian must leave the medication with the school nurse or secretary and must report to those people at the proper time. The information form provided below must be completed.

Date: _____

Student's Name _____

Teacher's Name _____ Grade _____

Medication: _____ Dose: _____ Time: _____

Date(s) to be given: _____

Reason for administering medication: _____

Special Instructions: _____

Parent Signature

Phone Number

Home

Work

Date	Medicine

