

PERMISSION FOR DISPENSATION OF MEDICATION

Medication must be brought to school in its original container.

Please do not bring in baggies, or take out of the package, etc...

**** If you are giving us permission for headache medicine, you must provide the medicine.****

Medicine will not be given unless you bring it in for your child.

Student Name: _____ **Grade:** _____

Medicine #1

Name of medication: _____ Reason for medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (TIME AND AMOUNT TO GIVE): _____

Start: Date form received Other date: _____ Stop: End of school year Other date/duration: _____

Restrictions and/or important effects: None anticipated Yes. Describe below.

Special storage requirements: None. Refrigerate

Other: _____

Medicine #2

Name of medication: _____ Reason for medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (TIME AND AMOUNT TO GIVE): _____

Start: Date form received Other date: _____ Stop: End of school year Other date/duration: _____

Restrictions and/or important effects: None anticipated Yes. Describe below.

Special storage requirements: None. Refrigerate

Other: _____

I give permission for _____ to receive the above medication at school according to standard school policy. (Name of Student)

Signature: _____ Date: _____

Relationship to Student: _____ Phone #: _____