

# MARCOS DE NIZA HIGH SCHOOL

## PERMISSION SLIP

### PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL

I hereby request and given my consent for the school nurse or person designated by the administrator to see that my child, \_\_\_\_\_ (name of child), receives the medication prescribed by \_\_\_\_\_ (name of doctor) for the period from \_\_\_\_\_ to \_\_\_\_\_.

The medication is to be furnished by me in the original container and is to be labeled with and given in the following manner:

1. Name of medicine and prescription number \_\_\_\_\_
2. Route of administration (by mouth, etc.) \_\_\_\_\_
3. Amount to be given \_\_\_\_\_
4. Time of day to be taken \_\_\_\_\_
5. Expected duration of treatment \_\_\_\_\_
6. Physician's name (MUST be on label) \_\_\_\_\_
7. Reason for medication \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

THE SCHOOL MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN  
MEDICATION