

# Permission for Medication

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date Medication Started \_\_\_\_\_

Time of day Medication is to be given

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Physician

I hereby give my permission for \_\_\_\_\_  
to take the above prescription at school as ordered. I understand that it is my responsibility to  
furnish this medication. I further understand that any school employee who administers any drug to  
my student in accordance with written instructions from the physician or dentist shall not be liable  
for damages as a result of an adverse drug reaction suffered by the student because of administering  
such drug.

\_\_\_\_\_  
Date Signature of Parent or Guardian

NOTE: The medication is to be brought to school in the original container, appropriately labeled by the pharmacist or physician, stating the name of the medication, the dosage, and number of days to be administered.