



Please use a different form for each medicine a student would require.

Student's Name: _____ Homeroom: _____

Medication: _____

Dosage of Medication: _____

Dates and Times to be administered: _____

Diagnosis/Purpose of medication: _____

NOTE: Medication will only be dispensed if the medication is in the original packaging.

I give permission for my child to be given the above medication as prescribed.

Parent Signature: _____

Date _____

Please include any other notes staff should know about this medication below: