

Medication Permission Form

My Son / Daughter _____ is taking regular medication.
Name

Name of Medication(s): _____

Dosage: _____
How Much? When?

_____ My Child will administer this medication to Him/herself at _____

_____ I, as a parent, or _____ will administer this medication at home.

_____ I am requesting that it be administered at the school office.

_____ I am requesting that it be administered by my child's teacher.

Parent Signature

Date Signed

Note: **IF THE TEACHER** is asked to administer medication (they can by law refuse), a copy of this notice will be given to him/her.