

**MEDICATION PERMISSION AND INSTRUCTIONS**  
*For medicine that is non-prescription (over the counter)*

If we are to administer any medication to your child, the following must be completed by the parent for **each medication**. A new statement will also need to be completed when a stopped medication is begun again. All medication must be supplied by parent/guardian in the original bottle or package.

**TO BE COMPLETED BY PARENT:**

I give my permission for Boyce staff to administer or apply the medication:

\_\_\_\_\_, to my child \_\_\_\_\_  
(Specific medication name) (Student's name) (Grade)

**DIRECTIONS:**

1. \_\_\_\_\_  
(Date to begin giving medication)
2. \_\_\_\_\_  
(Date to stop giving medication)
3. \_\_\_\_\_  
(Time medication is to be given)
4. \_\_\_\_\_  
(Amount/dosage of med. each time given)
5. \_\_\_\_\_  
(Storage of medication)
6. \_\_\_\_\_  
(Other directions, if any)
7. \_\_\_\_\_  
(Please list any food/drug allergies. If none, please write NONE)

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

Daytime phone number: \_\_\_\_\_

- Medication is to be in the original container.
- If a student wishes to carry an inhaler with them, a doctor's note is needed on file indicating the medical necessity.

**Questions or concerns? Please call (616) 527-0571.**