

Director:
Jamie Perfect

Head of School:
Kim Walton

Permission to Give Medication

I _____, parent/guardian of _____

give permission for the administrative staff (*Names:* _____)

at the International School of Bremen to give

_____ (*Student Name*) _____ (*Grade*)

the following medication:

Medication name:

How (*orally/eye drops etc*):

Dosage:

Frequency:

Medication is stored:

(*Location and clearly labelled*)

Signed:

Dated: