

BELGRADE DISTRICT SCHOOLS  
PERMISSION FOR NON-PRESCRIPTION MEDICATION TO BE TAKEN AT SCHOOL

Name of student: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_

Mother's daytime phone: \_\_\_\_\_ Father's daytime phone: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Time of day or how often medication may be taken: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Anticipated number of days medication needs to be taken at school: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to take the above  
Student's name  
medication at school as stated. I understand that it is my responsibility to furnish this  
medication.

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

\_\_\_\_\_  
Date

Note: Medication is to be brought to/from school by parent or other responsible adult, in the ORIGINAL container (labeled with the student's name).