

OCCASIONAL MEDICATION PERMISSION

NAME _____ TEACHER _____

If I occasionally forget to give my child the morning dose of his/her medication, I give the nurse or designated school personnel permission to give the morning dose after contacting parent/guardian listed below:

Name _____ Phone # _____

Name _____ Phone # _____

I understand that the correct name, dose and instructions must be on the prescription bottle. The dose of medication will only be given after parent/ guardian has been contacted and permission is given.

Prescription Name _____ Prescription # _____

Pharmacy _____ Physician _____

Label Directions: _____ Expires: _____

PARENT SIGNATURE _____ DATE _____

SCHOOL YEAR _____

OccasionalMedN72

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