

Parental Permission for Administration of Non-prescription Medication

I hereby give my permission for

Name of Student _____

In Grade _____ at _____

To take:

Medication _____ Dosage _____

Directions _____

Reason for Giving _____

Signature of Parent/Guardian _____

Date _____

No non-prescription medication will be given at school until the school receives this complete form with the medication in its original container.

Signature of School Nurse _____

Date received _____

