

PERMISSION FOR AS NEEDED (PRN) MEDICATION TO BE GIVEN AT SCHOOL.

School year: _____

Grade: _____

Teacher:

Time to be given:

1

Dosage: _____

10

1

1

1

https://doi.org/10.1017/S0022292423000000

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SIGNATURE OF PHYSICIAN

I hereby give my permission for _____
ordered above on an 'as needed' basis. I understand it is my responsibility to furnish this medication.

to take the medication

SIGNATURE OF PATIENT / GUARDIAN

NOTE: The medication (OTC or Rx) is to be delivered to school by an adult; in a container appropriately labeled by a pharmacy or physician; OR in original packaging, properly labeled with the name and strength of the medication, and name of student.

FOR SCHOOL USE ONLY:

[illegible]