LOWER MORELAND SCHOOL DISTRICT
Huntingdon Valley, PA 19006

PERMISSION FOR MEDICINE TO BE GIVEN IN SCHOOL

DATE _____

REASON FOR MEDICATION
_____
_____
_____

CHILD'S NAME _____

CHILD'S GRADE _____

NAME OF MEDICINE _____

DOSAGE _____ TIME TO BE GIVEN _____

LENGTH OF TIME TO BE GIVEN _____

SIGNATURE OF PARENT _____

PHONE NUMBER TO CONTACT PARENT _____

PRESCRIBED BY DR. _____

SIGNATURE OF DOCTOR _____
Or attach a copy of doctor prescription to this form.

*****MEDICATION MUST BE IN A CURRENT PHARMACY LABELED BOTTLE WITH THE DOCTOR'S NAME ON IT AND IT MUST HAVE THE CORRECT ADMINISTRATION INSTRUCTIONS.**