

## Permission to Administer Medication at School

\_\_\_\_\_ needs to receive medication during the school day.  
Student's Name

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Effective from: \_\_\_\_\_ to \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All medication must be in a prescription bottle with the correct labeling (student's name, name of medication, correct dosage) from the pharmacy.