

**PARENT PERMISSION
MEDICATION FORM
2013 - 2014**

Family Name _____

Student's Name _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

I give permission for the office to give my child the medication provided by me the parent. I understand that the office will log when my child gets this medication.

Parent/Guardian Signature _____

Contact numbers: Home # _____ **Work #** _____ **(mother)**
Work # _____ **(father)**

IF YOUR CHILD NEEDS A MEDICATION (NON-PRESCRIPTION) IT MUST BE SENT IN THE ORIGINAL, LABELED CONTAINER WITH A SIGNED NOTE ATTACHED AS TO THE DOSAGE AND TIME TO BE GIVEN.

PLEASE REMEMBER FOR PRESCRIPTIONS WE MUST HAVE THE PRESCRIPTION BOTTLE WITH A SIGNED NOTE AS TO WHEN AND HOW THE PRESCRIPTION IS TO BE ADMINISTERED.