

MEDICATION PERMISSION SLIP

Dear Parent,

If it is necessary for your child to receive medication during school hours, please follow this procedure:

- Complete the form below and return it to school with the medication.
- All medication (prescription & non-prescription) must be delivered by
 - the parent directly to the Nurse's Office or Main Office in it's *original* container.
- Medication must be properly labeled (child's name, name of medicine, dose and time medication is to be given and any special instructions).
- Please check expiration dates, as expired medications will not be given.

NAME OF STUDENT: _____ GRADE: _____

NAME OF MEDICATION: _____

REASON FOR MEDICATION: _____

DOSE / AMOUNT OF MEDICATION: _____

TIME OF MEDICATION: _____

SPECIAL INSTRUCTIONS: _____

PARENT SIGNATURE: _____