Permission for the Administration of Medication

This form is to be filled out completely whenever medicine is to be administered to your child during school hours. Be specific with the "start" and "finish" dates for administering medicine, for the staff follows those dates precisely. Please remember to pick up your medicine bottle(s) when your child is no longer in need of it or they will be discarded. There are extra forms in the upper hall, outside of the main office.

ALL medicine, prescriptions and non-prescriptions, must be in the original containers with the label intact and legible. The medicine bottle MUST have the child's name CLEARLY marked before administered by our staff. Please include spoon or medicine cup.

CHILD'S NAME		TEA(TEACHER	
DOCTOR'S NAM	E & PHONE #			
MEDICATION(S)	TO BE ADMINISTERED			
LOCATED IN:	REFRIDGERATOR	GI	RAY CABINET	
DOSAGE		HOW _		
START DATE	/	FINISH D	ATE//	
CIRCLE TIME(S)	FOR DOSAGE*	12:00	4:00	
	*Medications will only	be administered a	at the above times	
			Parent's Signature	
			Staff's Signature	

For Office Use Only

Date	Time	Initials