

**PARENT PERMISSION
MEDICATION FORM
2007 -2008**

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.