MEDICATION PERMISSION FORM

Student: ___________________________________  Grade ________

Medication: _______________________________________________

Dosage: _________________________________________________

Start Date: ____________________  Finish Date: ________________

Time to be taken: _______________ Reminder Required:    Yes      No

Other instructions:
_________________________________________________________
_________________________________________________________
_________________________________________________________

Parent will collect the medication at the end of the day:     Yes       No

Medication will remain in the First Aid Room:      Yes      No

Parent's Name: ____________________________________________

Contact No: _______________________________________________

Signature:   _______________________________________________

* PLEASE NOTE: Children are not permitted to deliver or collect medication.