

Permission for Medication
Supervision for Medication

Name of Student _____

School _____ Grade _____

Teacher _____

Medication Name _____ Dosage _____

Date Medication Started _____

Time of Day medication is to be given _____

Additional information _____

I hereby give my permission for _____

To take the above medication at school. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written permission and instruction from the parent/guardian shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

Date _____

Signature of Parent/Guardian

Note: The medication is to be brought to school in the original container appropriately labeled by the pharmacy or physician, stating the name of the medication, the dosage, and times to be administered. According to the law the public school should not provide students with tylenol or any over-the-counter medication. Medications brought to school without the required permission slip from the parent will not be given by school personnel. If a need for medication is determined, we will make an effort to get in touch with a parent. Please understand that this is a matter of statewide law. There cannot be any exceptions.