

# Permission for Daily Prescription Medication

**Name of Student:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Date Started:** \_\_\_\_\_

**Time of day medication is to be given:** \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_  
to take the above medication at school as ordered. I understand that it is my responsibility to  
furnish this medication. I further understand that any school employee who administers any drug  
or nonprescription drug, to my child, pursuant to parental written request, in accordance with  
written instruction from the physician or dentist, shall not be liable for damages as a result of an  
adverse medication reaction suffered by the student because of administering such medication.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 the times to be  
administered.