



# Medication Form

All medication must be sent to the school in the original bottle and labeled with the child's name and prescription.

Student's Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_

My child, as identified above, has my permission to take the following medication.

Dosage/medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of parent

\_\_\_\_\_

Date