

MEDICATION PERMISSION FORM

Please give to (Student Name) _____ in _____ (grade)
the following medicine(s):

Medicine _____ Dose _____ Time _____

Medicine _____ Dose _____ Time _____

The medicine(s) should be given _____ today only _____ until prescription is completed
_____ until further notice _____ as needed

Signature _____ Date _____

This form is to be used for over the counter and prescription medications