

## Medication Permission Form

### Permission for Over-the-Counter (OTC) & Prescribed Medicines

Permission is granted for designated school personnel to administer medication to my child, as listed and approved by the prescribing physician.

NAME OF MEDICATION	DOSAGE	TIME OF ADMINISTRATION	REACTIONS/ SIDE EFFECT

Name of Student \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_