



MEDICATION PERMISSION FORM

STUDENT NAME: _____

MEDICATION: _____

DETAILS ABOUT MEDICATION: _____

TIME MEDICATION TO BE GIVEN: _____

I GIVE PERMISSION FOR: STUDENT NAME: _____

TO GO TO THE SCHOOL OFFICE AND BE GIVEN THE ABOVE MEDICATION

PARENT NAME / CAREGIVER: _____

SIGNATURE: _____

DATE: _____

**Believe it
Achieve it!**