



Permission to Dispense Prescribed Medications

Student Name: _____ Grade: _____

Name of medication: _____

Dose amount : _____

Dosing Instructions: _____
(Daily, as needed, etc. Please specify time of day to administer medication)

Indication: _____
(Condition requiring medication)

Name of medication: _____

Dose amount : _____

Dosing Instructions: _____
(Daily, as needed, etc. Please specify time of day to administer medication)

Indication: _____
(Condition requiring medication)

I, _____, give my permission to the school nurse staff to
(Print parent name)
provide the above listed medication(s) to my child as indicated.

Parent Signature: _____

Date: _____