

Medication Permission Form



024 Academy Dr. Corrales, NM 87048
(505) 897-4805

(Please type or print all information in blue or black ink)

Student Name _____ **Grade** _____

Written instructions from the doctor and parents and doctor signatures are required in order to give your child any form of medication at school. This includes simple over-the-counter medication and prescriptions. Prescribed medicine must be in the original bottle and have a current prescription label on it. Over-the-counter medicine must be in the original container. Changes in medication will require a new updated form. All permission and forms must be updated every year. A new school year means *a new form will be necessary*.

Whenever possible, please give medication at home. "Three times a day" could be before school, after school and at bedtime.

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

Name of Medication	Dosage	Time of Administration	Reactions/Side Effects	Parental Acknowledgment

Parent / Legal Guardian

Doctor

Date

Date