



Parental Permission
Administration of Medication By School Personnel

Medication will be stored in an “**original container**” (please – no pills in a plastic baggie) under lock and key in the school clinic. There shall be no liability for civil damages as a result of the administration of medication when the person administering such medication acts, as any reasonable person would act under the same or similar circumstances, acting as the Principal’s designee.

Student Name: _____ Grade: _____

Medication (Name): _____

Dosage: _____ Times: _____

Last Dose Taken: _____
Date and Time

Start Date: _____ Stop Date: _____

Please check if either statement applies to student’s medication:

_____ Needs to go home each night
_____ Needs to be refrigerated

Why is this medication necessary during the school day? _____

Parent/Guardian Signature: _____

Date: _____