

Date _____

ANNUNCIATION CATHOLIC SCHOOL

Parent Permission For the Administration of Medications

All students taking medications will receive them in the school office. This form should be completed and returned to the school for each different medication your child receives while at school.

All medication must be in the original container. Do not send in expired medications for your child. If you have difficulty sending in the original container, ask your pharmacist to give you a duplicate container for school use. Another option is to send in the original container for school use and keep the medication for home use in an alternate container.

Please return the attached form with proper container and measuring cup/teaspoon for dispensing liquid medications.

Student _____

Medication _____

Time (s) _____

Amount _____

Date to start _____

Date to end _____

I, _____, grant permission for a representative of Annunciation School to assist in the administration of the above listed medication for my child,

I certify that the medication is in its original container and that it is necessary for this medication to be provided during the school day. I understand that the medication will be given only according to the directions on the label.

Signature of the Parent

Date