

The Parish School
2007/2008

Parental Permission to Administer Medication
(A separate record must be maintained for each medication)

Child's Name: _____ Age _____ Teacher _____

Name of the medication to be administered _____

Dosage _____ Prescribing Physician (if applicable) _____

Administration of medication **begins** _____

Unless otherwise notified, administration of medication **ends** _____

	Morning dose to be administered at:	Afternoon dose to be administered at:
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		No medication is administered on Friday afternoons

I give The Parish School permission to dispense the above medication.

Mother's Signature

Date

Father's Signature

Date

For medication updates, this form is available for download from the school's website at www.parishschool.org