

**PARENT CONSENT FOR GIVING MEDICATION
PERMISSION SLIP**

I hereby request and give consent for the school nurse or person designated by the administrator to see that my student, _____ receives the medication prescribed by _____ for the period from _____ to _____.

The medication is to be furnished by me in the original container and is to be labeled with and given in the following manner:

- 1. Name of medicine and prescription number _____
- 2. Route of administration (by mouth, etc.) _____
- 3. Amount to be given and dosage _____
- 4. Time of day to be taken _____
- 5. Expected duration of treatment _____
- 6. Physician's name (**MUST** be on the label) _____
- 7. Reason for medication _____

Parent/Guardian Name *Parent/Guardian Signature* *Date*

Teacher *Room Number*

COMMENTS BY SCHOOL NURSE:
