

2018 Fisher Elementary 2019
OVER-THE-COUNTER MEDICATION PERMISSION FORM

Student's Name: _____

Medication: _____

Dose: _____ Time to be given: _____

Directions: _____

Beginning Date: _____ End Date: _____

Reason for Giving: _____



I hereby give permission for the above names student to take the medication as described above at the school.

Signature of Parent/Guardian

Date

NO Medication will be given at the school until the school nurse receives this completed form with the medication in *original labeled*.

NO medication will be accepted in any other types of containers, such as baggies, envelopes, etc.

ALL medication brought into the school must be kept in the Health Office or School Office during school hours.

Thank you for your cooperation and safety of the children.