

Permission Form for Non-Prescription Medication

Date _____

Student _____

Physician's Name _____

Address _____

Phone Number _____

Name of Medication _____

Dosage _____

Time of Day for Dosage _____

Reason for Medication to be Given _____

Possible Reactions or Side Effects _____

Parent's Signature _____

Telephone: Home _____ Work _____ Cell _____

Emergency Name _____

Phone Numbers _____