



# MINTURN MIDDLE SCHOOL

## Permission for Medication

The medication is to be brought to school in the pharmacy bottle if it is a prescription medication, or the original container stating the name of the medication and the dosage if this is an over-the-counter medication.

Student's name \_\_\_\_\_  
Please print

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Time medication is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

Anticipated number of days it needs to be given at school \_\_\_\_\_

\_\_\_\_\_  
Printed name of Physician                      Date                      Signature of Physician

I hereby give my permission for \_\_\_\_\_  
Please print student's name

to take the above medication at Minturn Middle School. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Please print name of Parent / Guardian                      Signature of Parent / Guardian                      Date

