



12285 Patterson Ave.  
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## Permission for Medication

Name of student \_\_\_\_\_

Medication \_\_\_\_\_

Purpose of medication \_\_\_\_\_

\_\_\_\_\_

Dates medication is to be given \_\_\_\_\_

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

Dosage \_\_\_\_\_

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

\_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to take the above prescription at school as ordered. I consent to have a non-medical person dispense the medication. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_

Date

\_\_\_\_\_

(Signature of Parent or Guardian)

Note: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy, or physician, stating the name of the medication and the dosage.