



YESHIVA OF VIRGINIA

Main Office: 12285 Patterson Ave., Richmond, VA 23238
(804) 784-9050
(804) 784-9005 *fax*

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.