

PARENTAL PERMISSION FOR DISPENSING MEDICATION – 2018-2019



Name of Student \_\_\_\_\_ Teacher (Lower School Only) \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Prescription medication should be in the original container appropriately labeled by the pharmacy or physician, stating the name of the medication and the dosage. Over the counter medications should also be in the original container. Either type of medication should be brought to the school office by the parent.

I hereby give my permission for \_\_\_\_\_ to take the above medication at school as outlined.

I understand that any medication not picked up by the last day of the school year will be disposed of by the school as required for safety and security reasons.

I release WCCS and school personnel from any liability regarding any adverse drug reaction if the medication is administered as outlined above.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT: \_\_\_\_\_