



**AP 3 – 23 Exhibit I Administering Medication Parent/Guardian Permission Form**

*Exhibit I*

**ADMINISTERING MEDICATION PARENT/GUARDIAN PERMISSION FORM**

*(To be completed by the parent and forwarded to the Principal)*

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Schedule:

<u>Day</u>	<u>Time(s)</u>	<u>Dosage</u>	<u>Monitored by</u>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday*	_____	_____	_____
Sunday*	_____	_____	_____

*\*For use only during extra and co-curricular activities*

Parent(s) Signature: \_\_\_\_\_

If a change in the above schedule is to be made, parents shall be held responsible to immediately inform the school in writing of the change.

Date of Change (*attach change notification to this sheet*) \_\_\_\_\_

**\*\*These forms need to be filed in the school office in a location accessible to and knowledgeable of all staff.**