

Newell-Fonda Mustangs

Medication Permission Form

Dear Parent:

The following information must be on the medication container:

- Name of medication
- Dosage (must be age appropriate strength according to label)
- Time medication is to be given
- Name of physician prescribing medication (Prescription med only)
- Name of pupil
- Route of administering (Ex: Mouth)

We are unable to give meds that are not in their original container.

The bottom part of this form must be completed and returned to school for your child to receive medication administered during school.

Name of Student

Grade

Medication Name:	Medication Name:	Medication Name:
Reason for Medication:	Reason for Medication:	Reason for Medication:
Dosage:	Dosage:	Dosage:
Time to administer Medication:	Time to administer Medication:	Time to administer Medication:
Length of Treatment:	Length of Treatment:	Length of Treatment:
Physicians Name or OTC:	Physicians Name or OTC:	Physicians Name or OTC:

Parent/Guardian Signature

Date