

AUTHORIZATION FORM TO ADMINISTER MEDICATION

Forms only need to be renewed annually if medical condition or medications have changed.

a.m	p.m.
ic reactions	etc.):
nool day or i	the student becomes ill, school
om at:	
•	within a properly labeled container , medication dispensed, dosage
	Date
PERMISSIO	Ν
	a.m

I hereby give my permission for my child to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release United Community School and its employees from all liability that may result from my child taking the prescribed medication.