

**Meadowbrook Academy
Authorization For Medication**

Medication shall not be given by staff or personnel without the signed permission of the student's parent or guardian. Medication must also be turned into the office in the original bottle or container that the medicine was prescribed. Please complete this form and return it to the front office.

Child's Name _____

Medication Name _____

Amount to be given _____

Time to be given _____

Date _____ Parent's Signature _____