

# 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.

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be Given: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_