SOUTHMINSTER SCHOOL

Short Term Medication Form

Parental Permit to Administer Prescription or Non Prescription Medication at school for 10 days or less

Student Name: Last	First	Weight	Date of Birth	Age

Grade	Teacher	Allergies

☐ Prescription Medication ☐ Non-- Prescription Medication

Name of Drug	
Time to be given	Dates to be given
Amount to be given	How to be given
Reason medication being given	

Number of: Tablets	Pills	Capsules	Other

Important!

- Deliver only amount student needs to take at school in properly labeled, original container.
- This permit includes permission for communication between school nurse and my child's health care provider if necessary.

Parent/Guardian Signature	Date

Telephone: Home	Cell	Work

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

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