

## Parental Request for Medication

Please note: Medications shall be given to children only with signed, written permission. Permission shall contain date, type of medication, drug name, time and dosage. It must be in the original container, not have an expired date, and prescription medication shall be labeled with the appropriate child's name. Dosages greater than specified on the label will not be given. The medication must be given to an office staff member by the parent. It may not be given to the child's teacher, and it may not be brought in by the child.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Life Way Christian School has my permission to administer the following medication:

Drug name and or prescription # \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Special instructions: \_\_\_\_\_

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Parent/Guardian Signature & Date

\*Person administering medication shall record date, time dosage given, then initial.
