

MARCOS DE NIZA HIGH SCHOOL PERMISSION SLIP

PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL

I hereby request and given my consent for the school nurse or person designated by the administrator to see that my child, _____ (name of child), receives the medication prescribed by _____ (name of doctor) for the period from _____ to _____.

The medication is to be furnished by me in the original container and is to be labeled with and given in the following manner:

1. Name of medicine and prescription number _____
 2. Route of administration (by mouth, etc.) _____
 3. Amount to be given _____
 4. Time of day to be taken _____
 5. Expected duration of treatment _____
 6. Physician's name (MUST be on label) _____
 7. Reason for medication _____
-

Signature (Parent/Guardian)

Date

THE SCHOOL MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN
MEDICATION