

MADISON-GRANT UNITED SCHOOL CORPORATION

MEDICATION FORM

In order for your child to receive medication at school, you will need to complete this form and return it to the school secretary, principal, or nurse. If a student brings a medicine in that needs to be taken back home, we need a note from the parent/guardian stating that.

Student's Name _____

Birthdate _____ Grade _____

Parent's Name _____

Name of Medication _____

Purpose of Medication _____

Dosage _____

Time(s) when medication is to be administered _____

Anticipated length of time student is to receive medication _____

Physician's Name/Address/Phone Number _____

I hereby authorize school personnel to administer medication as indicated above and agree to inform the school in writing of any change in medication, dosage, or times of administration for the student while at school.

Signature of Parent or Guardian

Date

