



Parental Permission Slip for Medication

We will not administer any over-the-counter or prescribed medication to a student unless we have parental permission. The parent should turn in medication to the front office. Prescription medication must have the amount and time of medication to be dispensed for that child on the original label from the pharmacy. Over-the-counter medication must be in the original container with the student's name written on the container. [We cannot administer more than the suggested limit for the child's age/ weight.] Students may not take prescribed or over-the-counter medication, which belongs to another student and/or staff person. If you would like for us to provide this service for your child, please complete the form below, sign and date it.

I hereby give personnel of Grace School of Leadership permission to give my child the medication(s) listed below as stated:

Please check medication and complete the initial and maximum dosage (per day) as prescribed:
[If you don't want your child to receive any medications at school, simply write "NONE" in the provided column for "Medication", then sign and date this form.]

Daily Medication	Daily Dosage (1 or 2 tablets, etc.)	MAX Daily Dosage

Time(s) Administered: (AM) _____ (PM) _____

Time(s) Administered: (AM) _____ (PM) _____

Family or Personal Physician: _____

Emergency Hospital Preference: _____
(ie., Shands of Starke, Shands of Gainesville...)

Emergency Contact for Medication Refills: _____

Please list any allergies or special needs your child has experienced or frequently experiences:
 [Examples: "Do not give aspirin." "My child has Diabetes Type 1." "Has food allergies to peanut products and peanut butter." "Has asthma." "Please do not give over-the-counter pain medications without my permission." "Has seizures;" Etcetera, etc.]

Parent or Guardian's Signature

Date

