



Springs Adventist Academy

2018-2019 Permission for Medication Form

Prescription or Over-the-counter Drug

Name of Student _____

Address of Student _____

Grade _____ Today's Date _____

The student's qualifying parent and physician grant permission for this student to receive this medication under the following instructions during school hours and on school sponsored activities. The medication is to be brought to school in a container appropriately labeled by the pharmacy or physician, or in the over-the-counter container, stating the name of the medication and the dosage. It is the parent's responsibility to furnish the medication to the school office or to the student's teacher.

Medication _____

Purpose of Medication _____

Instructions for administration, including dosage, time, and dates of administration _____

Possible Side Effects _____

Additional Instruction _____

Permission is granted for the following dates or term _____

Name of Physician _____ Name of Parent _____

Signature of Physician _____ Signature of Parent _____

Date _____ Date _____