



## Springs Adventist Academy

### 2019-2020 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 \_\_\_\_\_