

PARENTAL MEDICATION RELEASE STATEMENT

I hereby give permission for school staff members to administer medication to _____ during school hours, in accordance with written instructions from my physician (for prescription medication only). I agree to provide all medication in the original container from the pharmacy and to renew long-term medication orders at the beginning of every school year. I have enclosed specific instructions for administration of non-prescription medication.

Name of Medication

Dosage/Time to Administer

Period of Time Medication to be Continued

Date

Parent/Guardian Signature