

## Permission Form for Non-Prescription Medication

Date \_\_\_\_\_

Student \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of Day for Dosage \_\_\_\_\_

Reason for Medication to be Given \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Possible Reactions or Side Effects \_\_\_\_\_

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Parent's Signature \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Name \_\_\_\_\_

Phone Numbers \_\_\_\_\_