

# Parental Medication Release Statement for Prescription Medication

I hereby give permission for school staff to administer the medication I have provided to:

Childs name \_\_\_\_\_ I have enclosed written instructions for the administration of the provided medicine and will send the original medication to school in an original container from the pharmacy. I agree to notify the school **in writing** of any changes in amount to be dispensed or time of dispensing.

Name of Medication: \_\_\_\_\_ Time to administrator: \_\_\_\_\_

Period of time Medication to be Continued \_\_\_\_\_

Amount of Dosage: \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

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