



**FRONT RANGE  
BAPTIST ACADEMY**

## **Permission for Medication**

Name of student \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of medication \_\_\_\_\_

Time(s) of day medication is to be given \_\_\_\_\_

Possible side affects \_\_\_\_\_

Anticipated number of days it needs to be given at school \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

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I hereby give my permission for \_\_\_\_\_  
to take the above prescription at school as ordered by the Physician. I understand that it is  
my responsibility to furnish this medication and that the prescription medication is to be  
brought to school in a container appropriately labeled by the pharmacy or physician stating  
the name of the medication and the dosage.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_