

# Medication Permission Form

## St Mary of the Cross

### CHILD

**Child's Name:** .....

**Teacher:** .....

**Grade:** .....

### MEDICATION

**Name of Medication:** .....

**Dosage:** .....

**Time to be administered:** .....

**Date to begin medication:** ..... **Date to end medication:** .....

**Storage requirements:**      Fridge      Room temperature

**Parent signature:** .....

**Date:** .....

Medication administered by office staff

### Office use only

#### Medication Administered

| Date | Time | Dose | Staff Member |
|------|------|------|--------------|
|      |      |      |              |
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