

Maple Village Waldorf School

Permission to Administer Medication

Date: _____

Child's Name: _____

Teacher: _____

Prescription Medication

I hereby give permission to Maple Village School to administer the following prescription medication to my child, _____

Medication: _____

Dosage: _____ Effective until: _____

Prescribing physician: _____ Phone no: _____

I understand that the medication must be in the original pharmacy container including my child's name. I also understand that my child will not be allowed to carry this medication on campus. All medications must be kept in the office.

Signature

Relationship to student

As Needed Medication (Over-the-Counter)

I hereby give permission to Maple Village School to administer the following medication to my child, _____, on an as needed basis.

Medication: _____

Dosage: _____ Effective until: _____

Reason for medication: _____

I understand that all over-the-counter medications must be in original packaging. I also understand that my child will not be allowed to carry this medication on campus. All medications must be kept in the office.

Signature

Relationship to student