

Medication Permission

Student Name: _____ Teacher/Grade: _____

Medication: _____

When to take: _____

Dosage: _____

Special instructions: _____

Reason for medication: _____

- Medication must be in original container and properly labeled with the name of the medication, name of the student, dosage, and times to be given. Medication must be picked up at the end of each month, or it will be discarded. If medication is required for longer than one month, a physician's note is required.
- I will not hold liable the NBCA employees for any adverse reaction, allergic reaction, or side effects my child could have due to taking this medication.
- I give my permission for the school personnel to give medication to my child at the necessary time.

Parent Signature: _____ Date: _____

Printed Name: _____

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