

**Permission Form for Medication  
(non-prescription and herbal medication)**

**\*will need to be provided by parent\***

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date form received at school: \_\_\_\_\_

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Name of medication: \_\_\_\_\_

Form of medication:  Tablet/Capsule  Liquid  Inhaler  Injection  Nebulizer

Other \_\_\_\_\_

Instructions (schedule and dose to be given at school): \_\_\_\_\_

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Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_  For episodic/emergency events only

Restrictions and/or important side effects: \_\_\_\_\_

Special storage requirements: \_\_\_\_\_

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**To be completed by parent/guardian**

I request that \_\_\_\_\_ (name of student) receive the above medication at school according to standard school policy.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_