



**Walnut Grove Christian School
Authorization for Medication for Students Form**

When possible, medications should be given before or after school by the parent or guardian. Over the counter medications may only be given within the limits and according to the instructions printed on the container or the package insert. Medications should be provided and transported to and from the school by the parent or guardian in the original container.

Please complete a separate form for each medication to be administered at school.

Child's Name

Date of Birth

Grade

Name of Medication: _____

Specific Reason for medication: _____

Check appropriate box:

of days to administer _____

Until end of school year

Amount/Dose of medication to be given: _____

Time of day medication to be given at school: _____

Child's Health Care Provider's Name and Address (please print):

Office Phone Number: _____

Provider Signature:

Date: _____

I give permission for the medication noted above to be given to my child during the school day. I understand that I am responsible for notifying the school if any of my child's medications change.

Signature of Parent

Date