

**PEARL PREPARATORY SCHOOL
MEDICATION PERMISSION REQUEST FORM**

EXPLANATION

Pearl Preparatory School requires that all students who need medication during school hours must do the following:

1. Present this written consent form signed by the parent or legal guardian.
2. Turn in all medications to school personnel at the beginning of the school day.
3. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.

MEDICATION INFORMATION

Student's Name: _____

Date of Birth: ___/___/___ Grade (Circle One): K 1 2 3 4 5

Name of Medication: _____

Dosage of Medication: _____ From Date ___/___/___ To Date ___/___/___

Approximate Time(s) to administer medication (Circle): 12:00 noon 2:30 pm

How to administer medication (Circle One): Orally Topically (Where?) _____

Other (Please Explain) _____

Are there any restrictions or special instructions? No Yes (Please explain below)

Does the Student have any allergies: No Yes (Please Explain) _____

Printed Name of Physician: _____

Physician's Phone Number: (_____) _____ - _____ Ext _____

AUTHORIZATION

I, (Please print parent's name) _____, give permission for my child to receive the above medication as directed.

_____/_____/_____ (_____) _____ - _____
Signature of parent or legal guardian Date Day time Phone

cc: Medical Clipboard