



545 EAST 4<sup>TH</sup> STREET

FREMONT, NE 68025

## MEDICATION PERMIT

AS THE PARENT/GUARDIAN OF \_\_\_\_\_

NAME

AGE

DATE

SCHOOL

GRADE

I hereby authorize designated school personnel to administer medication to my child. In addition, I give the school administration permission to contact the prescriber as needed to share medication information with appropriate school personnel. I understand that unlicensed staff may be assigned to provide medication to my student and I accept ultimate responsibility for monitoring the effects of this medication. Please list meds that your child may potential need at school this includes Tylenol and Ibuprofen. Please send medication to have on hand in case your child would need to have the meds during the day.

\_\_\_\_\_  
Signature of Parent/Guardian

Special Instructions:

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given or as needed: \_\_\_\_\_

Date to be given or as needed: \_\_\_\_\_

Has student experienced any side effects from this medication? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_