



PERMISSION TO ADMINISTER MEDICATION 2020-2021

Child's Name

Grade

Parent's Name

Phone

OVER-THE-COUNTER MEDICATION (OTC)

(As-needed Basis)

Name of Medicine	Dosage (milligrams)	How Often to Administer	Comments (take w/food; on empty stomach; am/pm; etc.)

PRESCRIPTION MEDICATION

Name of Medicine	Dosage Amount	How Often to Administer	Dates to Administer	Comments (take w/food; on empty stomach; am/pm; etc.)

IMPORTANT: All prescription medication must be accompanied by this form and in the original container.

Please remember that students are NOT permitted to keep medication on their person or in their lockers, purses, backpacks or vehicles with the exception of rescue devices such as inhalers or EpiPens. Duplicates of these should also be in the office.

Parent's further instructions/comments

I give permission to Westminster Schools of Augusta (WSA) to administer the medication(s) described above to my child in the dosage specified. I will advise WSA of any changes/updates to the information above.



Parent Signature

Date