



Medication Permission Form

I give permission for staff at FMS to administer the following medication(s) to my child.

Child's

Name: _____ Date: _____ through _____

Medication: _____ Reason: _____

Dosage: _____ Time/frequency of administration: _____

Teachers will initial and date this form when they administer medicine to your child.

Date								
Time								
Initials								

Parent's Signature

Date