

TELL CITY-TROY TOWNSHIP SCHOOL CORPORATION



The following needs to be turned in to the school nurse if your child is to be given medication by school personnel during school hours. A new permission slip has to accompany each new medication the student is to be given at school. These forms can be picked up in the nurse's office.

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I request that school staff members administer medication to my child during school hours in accordance with the instructions I have written below:

Child's Name \_\_\_\_\_

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

Purpose of which administered \_\_\_\_\_

\_\_\_\_\_

Dosage \_\_\_\_\_

Time or times to be administered \_\_\_\_\_

Termination date for administered medication \_\_\_\_\_

Unusual side effects to watch for \_\_\_\_\_

\_\_\_\_\_

Any special instructions \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date