

**MEDICATION PERMISSION AND INSTRUCTIONS**

Please complete the following for each medication. A new statement will also need to be completed when a stopped medication is begun again.

**TO BE COMPLETED BY PARENT**

I give my permission for St. Paul Lutheran School, Royal Oak, Michigan to give or apply the medication \_\_\_\_\_, to my child  
(Medication name)

\_\_\_\_\_  
(Child's name)

**DIRECTIONS:**

DATE TO BEGIN GIVING MEDICATION	DATE TO STOP MEDICATION
TIMES MEDICATION IS TO BE GIVEN	AMOUNT(DOSAGE) OF MEDICATION EACH TIME GIVEN
STORAGE OF MEDICATION	
OTHER DIRECTIONS, IF ANY	
SIGNATURE OF PARENT	DATE