

Japhet School

Medication Form

Medication in any form can not be administered without written permission from a parent or guardian of the child. All medication must be in its **original container** with the label and dosage directions clearly printed. The medication must also be clearly labeled with the child's name.

All medication must be brought to the front office by the parent or guardian. Do not send the medication into school in a backpack, pocket, or lunchbox.

Prescription Medication

Non-Prescription Medication

Child's name _____ Classroom _____

Name of medication _____ Refrigerate medication Yes No

Dosage of medication _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE:	DATE:	DATE:	DATE:	DATE:
TIME:	TIME:	TIME:	TIME:	TIME:

-- OR --

As needed per the child teacher

Parent will pick up medication from the front office:

At the end of each school day

At the end of the school year

At the end of the week

My child's classroom teacher has been made aware of this need: Yes No

This is my authorization that for the days listed above, a staff member of Japhet School may dispense the medication as directed on the medication label and duplicated above.

Parent or Guardian's Name _____ Date: _____

Signature: _____ Daytime Phone _____