USD 217 Rolla Schools

Permission for Prescribed Medication

Name of Student	
School	Grade
Teacher	
Name of Physician	
Medication	Dosage
Date medication started	Duration
Time of day medication is to be given	
Signature of Physician	
Date	
Anticipated side effects	
above prescription at school as ordered. I this medication. I further understand tha to my child in accordance with written in	to take the tounderstand that it is my responsibility to furnist any school employee who administers any drustructions from the physician or dentist shall near adverse drug reaction suffered because
Signature of Parent of Guardian	
Date	

NOTE: The medication must be brought to school in the original container appropriately labeled by the pharmacy or physician stating the name of the medication, the dosage, and times to be administered.

Updated 7-1-19