



## Permission to Dispense Medication

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Dispensing Instructions, including time to be dispensed:

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**I hereby authorize the staff of The Academy at First Presbyterian to dispense medication to my child as noted above:** \_\_\_\_\_

Parent Signature

- ✓ All medication will be kept in *the Academy* office under the supervision of Mrs. Oliver.
- ✓ No medication will be dispensed without this form on file in the office.
- ✓ All medication must be clearly labeled with the child's name and be in the original container as issued by the pharmacy.
- ✓ The medication must be brought to the office and signed in by a parent. Do not give the medication to your child to bring to school.
- ✓ A separate form must be provided for each medication dispensed by *the Academy*.