

# 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 \_\_\_\_\_

Signature: \_\_\_\_\_ Daytime Phone \_\_\_\_\_