



**MacArthur Park Lutheran School  
MEDICATION PERMISSION FORM**

(Must be completed for all short term medication)

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

The following must be completed before any medication can be administered:

**Medication must be in original packaging and be clearly labeled with child's name and name of medication. Medication must be accompanied by current and appropriate dosing information (either on prescription label or health care provider note – please attach to this form)**

This form must be completed (top portion) and signed by the parent or guardian

Medication name: \_\_\_\_\_ Purpose: \_\_\_\_\_

Prescription Non-prescription / OTC (please circle one)

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date/Time					
Dosage					
Staff name					
Date/Time					
Dosage					
Staff name					
Date/Time					
Dosage					
Staff name					

Medication returned to parent on: \_\_\_\_\_ (date)

Staff signature: \_\_\_\_\_ date: \_\_\_\_\_