MONROE-GREGG SCHOOL DISTRICT MONROVIA, IN 46157

NON-PRESCRIPTION STUDENT MEDICATION PERMIT

Signature of Parent/Guardian:

Date:		
Stude	ent's Name:	Grade:
Medication:		Dosage:
Purpo	ose of Medication:	
Time	of day to be given:	
Allergies: Possible side effects:		

Howe		which a student requires medication during the school hours. ation cannot be given unless this form is signed by the legal wed:
1.		d from school by parent for students in grades 6-8. Students nly with prior authorization from nurse and parent
2.	2. Specific directions for medication administration must be in writing and signed by a parent. Directions must clearly specify the condition(s) for which the medication is to be administered, time to be given, the dosage, and any other related information.	
3.	. All medications must be in the ORIGINAL container. Expiration dates must be current.	
	A record of all medication administered is kept by school nurse and parents are welcome to obtain a copy.	
5.	. This form must accompany EACH medication office or on school web-site)	on brought to school. (additional forms available in the
6.	. Medication will be sent home at the end or Medication forms are applicable for the co	each school year for students in grades 6-12. ** Irrent school year only. **
Date:	·	