Stud	lent Name		Allergies			
to be given:		Dosage and Route to be given:Qte				
the follow	ine information;		Date:			
Licensed Health Care F	·					
Ad&ess:						
Telephone No.;		Fax No.:				
TO bE COMDICtEd by P	ARENT/GUARDIAN					
grant permis.sion.to the principal or hivha designee Of school to assist in the adminisbatron or like prescribed medication to my child while in school and away from school while participating in official school activities lij-"t1it•7_ " Rdamages as a						
cttcumstances.		wou	id under the same or similar			
Parent's Signature:		Date:				
Please print parent's na	me:					
Does this medication ne€d to be provided during field trips? O yes E Uo						
t	Physicfun and Parent Medication Aathorization Form must be completed lbr each individually prescribed medicarion					

MAI 4/11