

**STERLING UNIFIED SCHOOL DISTRICT # 376**

**PERMISSION FOR MEDICATION**

Name of Student \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

\_\_\_\_\_ Medication \_\_\_\_\_ Dosage

Time to be given at School \_\_\_\_\_

Date Medication Started \_\_\_\_\_

\_\_\_\_\_ Signature of Physician \_\_\_\_\_ Date

-----  
I hereby give my permission for \_\_\_\_\_ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my son/daughter in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of administering such drug.

\_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date