



AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

School:

Date: _____

Dear Parent or Legal Guardian:

In order for the school to take on the responsibility of administering medication to your child, we must have your consent, in writing. You must also obtain written authorization from the child's attending physician. Please complete this form and return it to the school, along with the authorization on the back of this form, completed and signed by the physician.

Thank you for your kind cooperation.

Yours sincerely,

The Principal

I, the undersigned, _____ hereby give permission for my child

This authorization is valid until June 30 following the above date, unless revoked by the physician or the parents or

Signature of Parent or Legal Guardian

copies : 1. student's file 2. school file (if necessary)