

# MARLBORO ACADEMY

## PERMISSION TO TAKE MEDICATION PROVIDED

Student's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Times to be Given \_\_\_\_\_

Dates to be Given \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

These forms should be used for **ALL** prescription medications, as well as all over-the-counter medications that are needed regularly. Medicines **MUST** be in original containers. If medication is non-prescription, your child's name must be affixed to container.

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**All medications will be stored in a locked cabinet in the office.**