

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.

.....

All medications need to be delivered by the parent to Mrs. Hyduke in the Lower School Office. Mrs. Hyduke will distribute medications to K-5 teachers. Medications for students in grades 6-12 will be stored in a locked cabinet in the office with the exception of emergency use medications. The parent will pick up the medications at the end of the school year.