

**SUZUME NO GAKKO**  
**AUTHORIZATION TO TAKE MEDICATION IN SCHOOL**

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

I request that my child be allowed to take medication at school on \_\_\_\_\_ (dates) at \_\_\_\_\_ a.m. / \_\_\_\_\_ p.m. according to instructions from his/her physician. I understand that it is my responsibility to send the medication to school in the **ORIGINAL** pharmacy container labeled with the drug name, date, child's name, prescribing physician's name, dosage and directions.

\_\_\_\_\_  
*PARENT SIGNATURE*

\_\_\_\_\_  
*DATE*

**IN THE EVENT THAT THE CHILD'S PHYSICIAN ORDERS NON-PRESCRIPTION MEDICATION, THE FOLLOWING RELEASE IS REQUIRED:**

**TO BE COMPLETED BY PHYSICIAN:**

Diagnosis: \_\_\_\_\_

Medication and Instructions: \_\_\_\_\_

Medication requested for \_\_\_\_\_ to \_\_\_\_\_ (length of time)

Comments: \_\_\_\_\_

\_\_\_\_\_  
*PHYSICIAN'S SIGNATURE*

\_\_\_\_\_  
*PHONE*

\_\_\_\_\_  
*DATE*

**MEDICATION ADMINISTERED AT SCHOOL**

Date	Time Given	Given By	Date	Time Given	Given By