



Medication Permission

The first part of this form must be filled out and signed by the child's doctor. The second part must be filled out and signed by the child's parent/guardian. Both parts must be completed to enable staff at Leopard Academy to administer prescription medication to the child.

Part 1: Physician's Orders for Prescription Medication

Name of Child:

Medication:

Condition for which prescribed:

Dosage:

Time of administration:

Dates of administration (check one box and fill in the information):

- ☐ For _____ (number of) days, starting immediately.
- ☐ From _____ until _____ (insert dates)
- ☐ Administer the medication as directed until it runs out.

Possible side effects:

Other notes:

Physician's signature _____ Date _____

Physician's address _____

Physician's phone number _____

Part 2: Parent/Guardian's Request to Administer Prescription Medication

I, _____, parent/guardian of the above - named child, request that staff at Leopard Academy administer the above medication to my child as prescribed above by the child's physician.

Parent or legal guardian's signature _____ Date _____