

PARENT / GUARDIAN AUTHORIZATION

To _____ Date _____

I hereby authorize school personnel to administer the above medicinal preparation to my child: _____, as ordered by the physician or dentist. I understand that the medicine must be provided in the original labeled container from the pharmacy or store and must be brought to school by parent or other responsible adult, NOT by student.

I understand that this medicinal preparation will be destroyed if not taken home by me within one week following termination of the order or one week beyond the close of school.

Signature: _____ **Relationship to child:** _____

Address: _____ Telephone: _____

~This order valid only during the current school year, for the length of time specified.~