

TKA Prescription Medication Permission Form

I request that the school nurse give medication to my child, _____, according to doctor's orders as written below. I will not hold the school or school nurse liable for any adverse drug reaction when the medicine is administered according to prescribed methods.

(Parent/Guardian signature)

(Date)

Physician's Order

It is necessary for my patient, _____, date of birth _____, to take the following medication(s) during the school day:

Medicine	Dosage	Times to be given	Route of administration

(Print Physician's Name & telephone #)

(Physician's signature)

(Date)