

**BRUNSWICK SCHOOL DEPARTMENT**

**MEDICATION DURING SCHOOL YEAR:**

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**MEDICATION MUST BE SENT IN THE ORIGINAL CONTAINER**

Name of Medication	Dosage	Time to be administered

Reason for medication \_\_\_\_\_

Side effects \_\_\_\_\_

I give permission for school personnel to dispense this medication to the above student in school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Revised: 11/96*