

Tate's School of Discovery
9215 Bob Gray Road
Knoxville, Tennessee 37923

MEDICATION PERMISSION FORM

Medication to be administered at school must be brought to school by a responsible adult in an appropriate container, which details the child's name, name of the drug, dosage, and the time it is to be given. **Prescription drugs must be in the pharmacy labeled container.**

Child's Name _____

Name of Medication _____

Date's to be given _____

Dosage to be given _____

Time(s) to be given _____

Possible side effects (drowsiness, hyper, etc.) and procedure to follow should they occur. _____

Comments: _____

I give my permission for my child to be assisted in taking the medication described above at school by authorized persons.

_____ Date

_____ Parent/Guardian Signature

Phone # where parent may be reached _____

Other Emergency Contact (Name & Phone #) _____
