

Permission to Dispense Occasional Medications

My Child _____ will occasionally require the following medications listed below due to occasional discomfort or illness.

I, _____, the parent/guardian of the above listed child, give my permission to the staff of Jackson Christian School to dispense the following medications as required.

<u>Name of Medication</u>	<u>Reason for Use</u>	<u>Amount</u>	<u>Time</u>

I have brought the above listed medication to the school with each container clearly marked with my child's name and dosage and the specific timing instructions for dispensing of the medication, if needed.

I request _____ I do not request _____ the staff of Jackson Christian Schools to contact me by telephone for approval before dispensing the above medications.

Signature of Parent/Gaurdian

Date Submitted