

Permission to Dispense Occasional Medications

My child, _____ will occasionally require the following medication 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.

Name of Medication

Amount to be given

Specific Time

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

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

Signature of Parent/Guardian

Date Submitted

Daytime Telephone Number