

**E.F. Rittmueller Middle School
Medication Permission Form**

Student Name _____ Grade _____

Name of Medication(s) _____
Date to begin _____ Date to end _____

Prescribed by a Physician or authorized prescriber
(Please provide WRITTEN instructions on the original container from the pharmacy)

Physician's written instructions

Name of Medication Time of Administration Dose Other

Over the Counter -- *please provide unopened/sealed container(s)*

Dosage Special Instructions Time of Administration

Signature of Parent/Guardian Date

***use the back of this sheet for any additional instructions or information.