



List Elementary School

805 E. Genesee Street ■ Frankenmuth, Michigan 48734

Phone: 989.652.6187 ■ Fax: 989.652.7255

Jason Vislosky

Principal

List Elementary School
Medication Permission Form

Student Name: _____

Teacher: _____

Grade: _____

Name of Medication: _____

Date to begin

Date to end

Prescribed by a Physician or authorized prescriber

(Please provide the WRITTEN instructions on the original container from the pharmacy)

Name of Medication

Time of
Administration

Dose

Route

(oral//nasal/inhalable/ophthalmic)

Physician's / Parent's additional instructions

Physician's signature (if required)

Over the Counter

(Please provide the factory SEALED original container)

Name of Medication

Time of
Administration

Dose

Route

(oral//nasal/inhalable/ophthalmic)

Special Instructions

Parent Signature

Date

Please note: Medication must be brought in by an adult, not sent in with a child. Use the back of this sheet for additional instructions.