



Parent's Request for Medication Administration in School
TLC! Montessori Preschool/ The Learning Center! Charter School

Parent's/ Guardian's Request for Medication Administration in School.

I hereby give my permission for my child _____

To receive medication during school hours. This medication has been brought from home in the **original container**.

Name of Medication: _____

Times to be given: _____

Start Date: _____ End Date: _____

I hereby release the School Board, agents and employees from all liability that may result from my child taking the over the counter medication. This consent good until the end date stated above.

Parent's/Guardian's signature

Telephone

Date