BRAHAM AREA SCHOOLS NONPRESCRIPTION MEDICATION SHEET

Student																						
Reason for med.																						
Medication																						
Dose/time/route																						
Side effects																						
Special instructions																						
Last date to be given																						
I hereby authorize school personnel to administer the above medication to my child. Check box for permission to send any remaining medication home with student at end of year.																						
Signature:		Date:																				
Date																						
Time																						
initial																						
Date																						
Time																						
initial																						

Signature initials