

EXHIBIT **EXHIBIT**

the above-named medication to my child, _____
Child's Name

as ordered by Doctor _____

This medication is to be furnished by parent or guardian and is to be labeled in an original prescription bottle with student's name, name of medication, amount to be given, time of day to be given, and duration of treatment.

Parent's or Guardian's Signature

Date

Please note: A change in dosage of the above medication requires a signed note from the doctor or a new prescription to the school health assistant.