

MRIS Medication Permission Form for Parents

Student Name _____

Year _____ Date _____

Medical Condition _____

Medication details _____

Dosage details

- Quantity _____
- Time to be administered _____
- With / without food (please circle)
- Before / after food (please circle)

Use by Date _____

Storage Requirements _____

I _____ give MRIS permission to administer my child _____

Medication _____

Dosage _____

Daily From ___ / ___ / ____ to ___ / ___ / ____

In an Emergency

Parents Name (Printed) _____

Parent Signature _____

Date _____