

SCHOOL YEAR 2011-2012

MEDICATION RELEASE FORM

I give my permission for a staff member of Lorena ISD, to  
give my son/daughter \_\_\_\_\_ grade \_\_\_\_\_,  
the following medication \_\_\_\_\_, that I have  
sent to school in the original container.

The directions for giving the medication are as follows:

AMOUNT: \_\_\_\_\_ TIME: \_\_\_\_\_

**IF AN OCCASIONAL ADDITIONAL DOSE MAY BE REQUIRED UPON YOUR  
PHONE CALL OR NOTE, PLEASE GIVE PERMISSION BY SIGNING AND GIVING  
POSSIBLE TIME(S): SIGNATURE: \_\_\_\_\_ TIME: \_\_\_\_\_**

**HOW LONG WILL YOUR CHILD BE TAKING THIS MEDICATION? \_\_\_\_\_**

\_\_\_\_\_

**MEDICAL REASON FOR GIVING THIS MEDICATION: \_\_\_\_\_**

\_\_\_\_\_

**HOMEROOM TEACHER \_\_\_\_\_ DOCTOR \_\_\_\_\_**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
RELATIONSHIP TO STUDENT \_\_\_\_\_

\_\_\_\_\_  
DATE

**\*\*\*MUST BE LEGAL PARENT OR GUARDIAN TO SIGN FOR CONSENT\*\*\***

**IMPORTANT: PLEASE COMPLETE ALL OF THE ABOVE**