

**Meadowbrook Academy  
Authorization For Medication**

Medication shall not be given by staff or personnel without the signed permission of the student's parent or guardian. Please complete this form and return it to your child's teacher.

Child's Name \_\_\_\_\_

Name of medication \_\_\_\_\_

Amount of medication to be given \_\_\_\_\_

Time medication is to be given \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

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