

**SHORECREST PREPARATORY SCHOOL, INC.  
ADMINISTRATION OF MEDICATION**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please administer \_\_\_\_\_  
(name of medication and dosage)

\_\_\_\_\_

to my child: \_\_\_\_\_

\_\_\_ daily at the following times:

\_\_\_\_\_

or,

\_\_\_ as needed for: \_\_\_\_\_  
(condition or problem)

until the following date: \_\_\_\_\_.

**PARENT OR LEGAL GUARDIAN PLEASE SIGN BELOW**

I give my permission to Shorecrest Preparatory School to give my child the above prescribed medication. I will not hold the Shorecrest Preparatory School responsible in the event of a possible error.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of parent or legal guardian

**ALL MEDICATIONS MUST BE IN ORIGINAL LABELED PRESCRIPTION CONTAINER**