

Medication Permission Form

We, _____ and _____, give permission for the Los Osos Band chaperone to assist our child, _____, with the following medication(s) during the _____ (year) school year.

Name of Medication _____

Dosage _____

Frequency _____

Route _____

Name of Medication _____

Dosage _____

Frequency _____

Route _____

Date _____ 20 _____

Home # _____

Signature of parent/guardian

Cell # _____

This form must be renewed annually.

