



# CLARENDON HALL 2008-2009 PERMISSION FOR MEDICATION

Post Office Box 609, Summerton, South Carolina 29148  
Telephone (803) 485-3550 Web site: www.clarendonhall.org

Please complete one form for each medication.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time of day medication should be given at school: \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

\_\_\_\_\_

Number of days needed to be given at school: \_\_\_\_\_

Possible side effects / activity restrictions: \_\_\_\_\_

\_\_\_\_\_

### Physician Information

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Name of Office

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I HEREBY GIVE MY PERMISSION for \_\_\_\_\_  
to take the above prescription at school as ordered. I understand that it is my responsibility to furnish the  
medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**NOTE: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy, stating the name of the medication, dosage and usage. Request two labeled containers and medications (one for school and one for home) if needed.**

A new prescription slip is required (or copy of prescription) and labeled medication if the dosage, time, or type of medication is changed.

"Thy Word is a Lamp unto my feet and a light unto my path." Psalm 119:105