



**Prescription/ OTC (not provided by TPCS) Medication
Authorization - Parental Permission
ONE MEDICATION PER PAGE**

Note: All medications must be given in accordance to the recommended dosage per the medication/instruction label.

Student Name: _____

Date: _____

Name of Medication: _____

Dosage: _____

How to be given: Oral (mouth) Injection Topical Inhaled

When to be given: _____

How Often: _____

Parent Signature: _____