

*Macon-East Montgomery Academy
Medicine Permission Form*



Student's Name (s): _____

Grade _____ Age _____

Parents Emergency #: _____

Parents Home Phone # _____

My child may be administered the following medication prescribed by our family physician.

Name of Medicine: _____

Dosage: _____ Time to be given: _____

Instructions:

Physician: _____ Physician's # _____

I understand the above information and grant permission for the office personal to administer medication to my child.

Parent/Guardian Signature:

Date: _____

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