



MEDICATION AUTHORIZATION FORM

TO: Korea International School (KIS) NURSE

RE: Authorization For KIS Nurse To Administer

I, _____, do hereby give my consent for my child, _____ to receive the following medication at school, administered by the school nurse. I understand that KIS will not be held responsible for any accidents that may occur due to the use of this medication that I have provided for my child.

NAME OF MEDICATION(S):

INSTRUCTIONS: (How much to be given, how long to be given, what hour of the day to be given)

REASON FOR MEDICATION: (Type of illness, condition):

I understand that this medicine must be sent to school in a fully labeled container, preferably the original labeled container from the store or pharmacy.

Signature (Parent or Guardian)

Date

Revised: July 2017