



Permission to Administer Prescription Medication

1-2-14 Shinkawa-Cho, Higashi Kurume-Shi, Tokyo 203-0013 • Business Office Tel. 0424-75-2200 • Fax: 0424-76-2200

Student's Name _____ Grade _____

Medication _____

Dosage and route of administration _____

When should the medication be given? _____

Reason the medication was prescribed? _____

Additional information/ instructions _____

Parent/ Guardian's signature _____