

**CONGREGATION B'NAI SHALOM**

**Medication Permission Form**

*(NO medication will be administered unless this form is on file)*

**Student's Name** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

Does your child have any health condition(s), medication /food allergies? Yes  No

May these be shared with appropriate staff members? Yes  No

If yes, please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

**I authorize the Rabbi-Educator (or designated staff person) to give my child the following prescription medication(s):** *NOTE: All medication must be in an original pharmacy container showing student's name, medication name, dose to be given, and doctor's name.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**