



Medication Permission Form

I hereby give the staff of “Three Little Ships” and “Lighthouse Special Education” school permission to administer medication to my child:

Name of Child: _____

Name of Parent: _____

Name of Doctor: _____

Name of Medication: _____

Dosage of Prescription: _____

I hereby declare that the staff of “Three Little Ships” and “Lighthouse Special Education” school will not be held responsible for any consequences that may arise during or after giving medication. They are also not responsible for any consequences if the medication is not given due to a failure of administration.

Date: _____

Parent signature: _____

Medication should be provided in the original packaging from the pharmacy with the child’s name on it. The dosage and (original) instructions for administration in Dutch or English should also be provided.