

# Early release (1/2 day) medication form

Your student receives medication daily at school. Please let the school nurse know if you'd like them to give your student their medication on an early release day. If you have any questions, please contact the school.

\_\_\_\_\_ Please give my child their noon medication

\_\_\_\_\_ Please DO NOT give my child their noon medication

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Name