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**Crawford Independent School District  
200 Pirate Drive  
Crawford, Texas 76638**

I give permission for school personnel to administer the following medication to my child.

Student Name \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_  
Name of medication \_\_\_\_\_  
Amount to be given (dose) \_\_\_\_\_  
Time to be given \_\_\_\_\_  
Parent /guardian signature \_\_\_\_\_

Medication must be in original container.

One form per medication.