



GRANADA ISLAMIC SCHOOL
MEDICAL AUTHORIZATION

I, parent of (student's name) of
grade permit Granada Islamic School to help my son/daughter take
his/her medicine, (name of medicine)

that is prescribed by Dr. on (date)

Expiration date of medicine

*The instructions for taking this medicine are on the medicine container. I
will not hold the school responsible for any reaction my child may have by
taking this medicine.*

Parent's Signature:

Parent's Name:

Date: