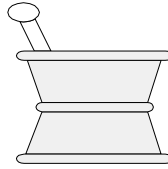


Rev 10/98

### PERMISSION TO ADMINISTER MEDICATION

SAMPLE FORM



Child's Name: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given: \_\_\_\_\_ Dates to be given: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

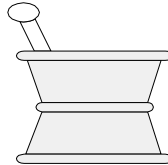
#### RECORD OF MEDICATION GIVEN

	Monday	Tuesday	Wednesday	Thursday	Friday
Type of Medication					
Dosage Given					
Time Given					
Date					
Signature					

Rev 10/98

### PERMISSION TO ADMINISTER MEDICATION

SAMPLE FORM



Child's Name: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given: \_\_\_\_\_ Dates to be given: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

#### RECORD OF MEDICATION GIVEN

	Monday	Tuesday	Wednesday	Thursday	Friday
Type of Medication					
Dosage Given					
Time Given					
Date					
Signature					