Child's Name			Name of l	Medicine:	
Dosaga:	Tim	og to be given:	Name of Medicine:		
	Times to be given:				
Parent's Signature.					
		RECOR	D OF MEDICATION GIVEN	N	
	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:	Tim	es to be given:	Dates to be given:		
				<i>C</i>	
- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12			D OF MEDICATION GIVEN	N	
	Monday	Tuesday	Wednesday	Thursday	Friday
Type of Medication					
Dosage Given					
Time Given					
Date					
Signature					