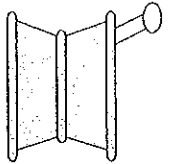


PERMISSION TO ADMINISTER MEDICATION

SAMPLE FORM



Child's Name: _____

Dosage: _____

Parent's Signature: _____

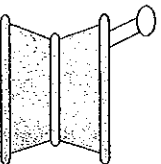
Name of Medicine: _____
Dates to be given: _____

RECORD OF MEDICATION GIVEN

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

PERMISSION TO ADMINISTER MEDICATION

SAMPLE FORM



Child's Name: _____

Dosage: _____

Parent's Signature: _____

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RECORD OF MEDICATION GIVEN

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