

Permission to Administer Medication

I hereby give my permission to _____ (provider) to
administer medication to _____ (child).

Prescription Number: _____

Doctor's Name: _____

Date of Prescription: _____

Medicine to be given from _____ (date) to _____ (date).

Signature of Parent/Guardian of Child: _____

Date: _____

(one slip for each individual medication/child)

10/09

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