

PERMISSION TO TAKE MEDICATION

Student's Name _____

Name of Medication _____

Dosage _____

Times to be Given _____

Dates to be Given _____

Parent's Signature _____ Date _____

These forms should be used for all prescription medications, as well as all over-the-counter medications that are needed regularly. Medicines should be in original containers. If medication is non-prescription, your child's name must be affixed to container.

Mrs. Bertha and Mrs. Regina will keep all medications.

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