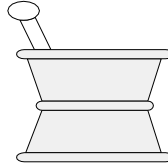


PERMISSION TO ADMINISTER MEDICATION

SAMPLE FORM



Child's Name: _____

Name of Medicine: _____

Dosage: _____ Times to be given: _____ Dates to be given: _____

Parent's Signature: _____

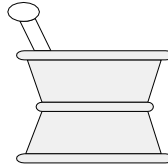
RECORD OF MEDICATION GIVEN

| | 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: _____

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RECORD OF MEDICATION GIVEN

| | Monday | Tuesday | Wednesday | Thursday | Friday |
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| Time Given | | | | | |
| Date | | | | | |
| Signature | | | | | |