Medical Permission Form

Medical Permission Form

The director or assistant director has my permission to administer the following over-the-counter or prescription medications as directed below. The director or assistant director has my permission to administer the following over-the-counter or prescription medications as directed below.

Child's Name:		Child's Name:	
Medication:		Medication:	
Dosage:		Dosage:	
Time to be given:		Time to be given:	
Parent Signature	Date	Parent Signature	Date