

## Medical Permission Form

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

**Child's Name:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

\_\_\_\_\_

**Dosage:** \_\_\_\_\_

\_\_\_\_\_

**Time to be given:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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\_\_\_\_\_  
**Date**