

## Permission to administer medication at school

(please ensure all medication is provided in its original packaging)

I give permission for my child to be given medication as follows:

Child's name.....

Grade.....

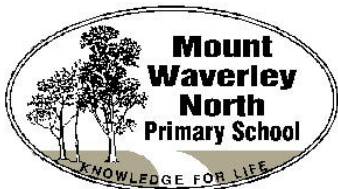
Name of medication.....

Time medication to be administered.....

Dosage .....

Signature parent/guardian.....

Date.....



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