

MEDICINE DISPENSING PERMISSION SLIP & RECORD

CHILD NAME:		PARENT SIGNATURE: X	
Date: / /			
Name of medication:			
What is medication be Instructions: Please is	nclude how often to give ar	nd dosage each time	
Length of time to giv	ve medication:		
	FF 1		
	Teacher record	d of medicine given below this line	
DATE	TIME	AMOUNT	