

Medicine authorization and management form

Date: _____ Time _____

Children Name _____

Parent Name _____

Parent signature: _____

Medication: _____

Dosage _____

Reason for medication: _____

Medication Schedule:

Date: _____ / Time _____ / Dosage _____ / Teacher initials: _____

Date: _____ / Time _____ / Dosage _____ / Teacher initials: _____

Date: _____ / Time _____ / Dosage _____ / Teacher initials: _____

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