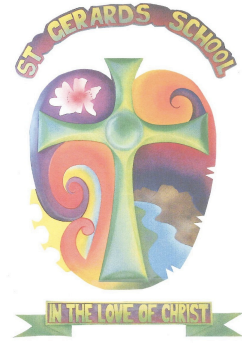


Consent for Medicine to be given at School



Child's Name: _____ Date _____

Medicine:
(name) _____

Dose(amount): _____

Times medicine to be given : _____

Doctor's Name: _____ Phone: _____

Person administering medicine
@ school _____

Parent/ Caregivers name _____

Parent/ Caregivers signature _____