



## Administration of Medicine in School

<b>Name</b>	
<b>Date of Birth</b>	
<b>Name of Medicine</b>	
<b>Required Dosage</b>	
<b>Time of Dosage</b>	
<b>Person giving permission (Print)</b>	
<b>Person giving Permission (sign)</b>	
<b>Relationship to child</b>	