

Administration of Medicine in School

Name	
Date of Birth	
Name of Medicine*	
Required Dosage	
Time of Dosage	
Person giving permission (Print)	
Person giving Permission (sign)	
Relationship to child	
Date	

Office Use:

Date	Medication	Amount Given	Time	Administered by	Witnessed by

^{*}Over the counter medicine can only be administered for 3 consecutive days