Permission Form for prescribing medicine (Parents to fill in)					
Child's name:	Class:	_ Birth date:			
Medication:					
Allergies:					
Time of day medication is to	be given:				
Purpose of medication:					
Parent Signature					
Permission Form for prescrib	oing medicine				
(Parents to fill in)					
Child's name:	Class:	_ Birth date:			
Medication:					
Allergies:					
Time of day medication is to	be given:				
Purpose of medication:					
•					
Permission Form for prescribing medicine					
(Parents to fill in)					
		_ Birth date:			
Medication:		_			
Allergies:		. <del></del>			
Dosage:					
Time of day medication is to	be given:				
Purpose of medication:		<del></del>			
Start date:					
Parent Signature					

Childs Name	Time	Name of medicine	Quantity of Medicine	Name of staff administering medicine	Name of Staff witnessing.