

**PERMISSION TO TAKE MEDICATION**

Student's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Times to be Given \_\_\_\_\_

Dates to be Given \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

These forms should be used for all prescription medications, as well as all over-the-counter medications that are needed regularly. Medicines should be in original containers. If medication is non-prescription, your child's name must be affixed to container.

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**Mrs. Bertha and Mrs. Regina will keep all medications.**

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