

AUTHORIZATION FOR MEDICATION

No medication will be given to any student without the signed permission of the parent or legal guardian.
Please complete this form:

Student's Name _____

Name of medication _____

Amount of medication to be given _____

Time medication is to be given _____

Allergies: _____

Parent's Signature _____ **Date** _____

<u>Date Given</u>	<u>Amount</u>	<u>Time</u>	<u>Staff Initials</u>
--------------------------	----------------------	--------------------	------------------------------

This image shows a full page of blank handwriting practice paper. It features four distinct vertical columns, each containing multiple sets of horizontal lines for writing. The lines are evenly spaced and extend across the width of their respective columns. There are no margins, text, or other markings on the page.