## **Medication Admission Form**

Date:			Child's Na	Child's Name	
Name of M	ledication to I	be Administered		Time to Be Administered	
Amount of	Medication t	o be administer	ed		
Parents Sig	nature				
Teachers S	ignature				
e <sup>n</sup> wa <sup>n</sup> n	X.	,		-	
Date	Time	Dosage	Notes	Signature of adult administerting Medication	
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				9	
1					
91					
Date med	ication was ret	urned to Parent :			
Signature o	of Teacher retu	rning Medication:	_		