



West Virginia Department of Human Services Medication Permission Slips

Please give the following medication to my child today:

Name of child _____ Date _____

Name of medication _____ Dosage _____ How often to be given _____

Time last given? _____ Route? (by mouth, topical, or inhaled) _____

Special Instructions: _____

Signature _____ Date _____
(Parent or guardian)

This permission expires on _____ (Not longer than a six month period of time)
(Date)

Date given		Time given		By (initial)	
Date given		Time given		By (initial)	
Date given		Time given		By (initial)	

Medication Permission Slip

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