

Medication Permission Slip

I authorize the San Anselmo Preschool & Afterschool Staff to administer the medication(s) listed below to my child.

Child's Name: _____

Medicine: _____

Expiration Date: _____

Hours to Administer: _____

Amount Per Dosage: _____

Date: _____

Parent's Signature: _____

Comments: _____

Administered By: _____ Date: _____

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