

Medication Permission Slip

Child's Name: _____

Date: _____

Medication: _____

Dosage to be given: _____

Time to be given: _____

I give employees of Bright Beginnings permission to administer the above medication as necessary.

Parent Signature: _____

Medication Permission Slip

Child's Name: _____

Date: _____

Medication: _____

Dosage to be given: _____

Time to be given: _____

I give employees of Bright Beginnings permission to administer the above medication as necessary.

Parent Signature: _____