

Medication Permission Slip

Child's name _____ today's date _____

Medication Name _____ amount _____

MEDICATION WILL BE ADMINISTERED AT 11:30 AM

**Medication must be in original container to be administered to child

Special instructions _____

I hereby give permission to Woodward Montessori staff to administer the above medication according to the above instructions.

Parent/ Guardian's signature _____

Staff administering medication signature _____

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