



## Medication

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medication Required: \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Dosage: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_