West Virginia Department of Health and Human Resources
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)

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