MEDICATION PERMISSION

I hereby authorize University School to administer to _____
Name of child

the medication listed below, which has been supplied by me, is clearly labeled with the child's name, and is in its original container.

Medication: _____

Instructions: _____

_____

Reason for medication:_____

Refrigerate: _____ Yes _____ No

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care facility and me and that supplying the form in no way imposes any responsibility or obligation upon DHS.

_____ _____
Signature of parent or guardian Date

Date	Time dispensed	Amount dispensed	Initials