

West Virginia Department of Human Services

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)

Date given		Time given		By (initial)	
Date given		Time given		By (initial)	
Date given		Time given		By (initial)	

Medication Permission Slip

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)

Date given		Time given		By (initial)	
Date given		Time given		By (initial)	
Date given		Time given		By (initial)	