

West Virginia Department of Health and Human Resources

Medication Permission Slips

Please give the following medica	tion to my child today:			
Name of child	me of child Date			
Name of medication	Dosage	How often to b	e given	
Time last given?	_ Route? (by mouth, topical, or i	nhaled)		
Special Instructions:				
•		Date		
(Parent o	or guardian)			
· · · · · · · · · · · · · · · · · · ·	(Not longer than a	six month period of time)		
Date given	Time given	By (initial)		
Date given	Time given	By (initial)		
Date given	Time given	By (initial)		
Please give the following medica	tion to my child today: Date			
	Dosage How o			
Time last given?	_ Route? (by mouth, topical, or i	nhaled)		
Special Instructions:				
Signature		Date		
•	or guardian) (Not lancar than a	aiv manth naniad of tima		
This permission expires on(I	(NOT longer than a Date)	six month period of time)		
Date given	Time given	By (initial)		
Date given	Time given	By (initial)		
Nata aiyan	Time aiven	Dy (initial)	<u> </u>	