



Pinefields School



MEDICATION PERMISSION

I, the parent/guardian of

hereby give permission to the Educator/Appointed Adult at Pinefields School to dispense the prescribed dosage of medicine to my/our child.

1. Type of Medication: _____

Dosage: _____

2. Type of Medication: _____

Dosage: _____

3. Type of Medication: _____

Dosage: _____

Signature of parent/guardian

Date
