

Medication Permission Slip

(Please Print)

Date: _____

Teacher: _____

Grade: _____

Student Name: _____ D.O.B. _____

I _____ give Harvest Christian Academy
(Please print)

staff members to administer to my child the following medication(s).

Date:	Medication Name:	dosage	Time	Time	Staff Initials

Parent Signature: _____

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