



# PERMISSION FORM FOR NON-PRESCRIPTION MEDICINE

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical conditions or injuries: \_\_\_\_\_

The following medication(s) can be given to my child while attending Christian Heritage School:

Instructions: \_\_\_\_\_

NAME OF MEDICATION	DOSAGE	METHOD OF ADMINISTRATION	WHEN TO BE GIVEN

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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