

Carriage House Medication Permission Sheet

Child's Name: _____

Teacher: _____

Parent Name: _____

Phone: _____



- This form must be completed every day that medication is to be administered to a child.
- No medication will be given without a parent signature.
- Medication must be given according to the directions on the label.
- This form must also be completed each time a new EpiPen or other emergency medication is provided for your child.
- We cannot use any medications (emergency or otherwise) that have expired.

| Date | Medication (must match label) | Amount | Time | Route (how) | Parent Signature | Staff Signature | Date |
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