

West Virginia Department of Health and Human Resources

Medication Permission Slips

Please give the following medica	tion to my child today:			
Name of child	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	r 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 Name of child	tion to my child today: Date			
	nDosage			
Time last given?	_ Route? (by mouth, topical, or i	nhaled)		
Special Instructions:				
Signature		Date		
•	or guardian) (Not lancar than a	civ month panied of time		
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)		
Note eiven	Time civen	Py (initial)		