

**MEDICATION FORM**

Childs's Name: \_\_\_\_\_

Week Of: \_\_\_\_\_ M\_\_T\_\_W\_\_Th\_\_F\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\*\*Please note that all medication **must** be in its original container with your child's name on the label\*\*

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*For Office Use Only*

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wed \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

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