

# DAILY MEDICATION PERMISSION AND RECORD 2022-2023

Child's Name: \_\_\_\_\_

<b>Date</b>	<b>Medication</b>	<b>Pill Count</b>	<b>Dosage</b>	<b>Times to be Given</b>	<b>Parental Approval (Signature)</b>	<b>Amount Given</b>	<b>Given by:</b>	<b>Time</b>	<b>Date</b>