MARY'S LITTLE LAMBS

Family Home Daycare

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Permission to Administer Medication

NAME OF MEDICATION:			
REASON FOR TAKING MEDICATION:			
AMOUNT/DOSAGE:			
MEDICINE TO BE GIVEN FROM:	(Start Date)	to	
	(Start Date)	((Stop Date)
Parent/Guardian Signature:			
Date:			
This document is signed in	_ County in the sta	te of	