## PERMISSION FORM FOR MEDICATION

Name of Student			
Grade:	Teacher	isassanailonata erista	ia sagresa waya ta masano biodoa 4
To be completed	by physician or parent:		
Reason for medic	cation: (All medication must be	e in the original co	ontainer.)
	refigurations in an analysis of the control of the		
	and the second s		
Name of medicat	ion:		
Tabl	et/capsuleLiquid	Inhaler	Oral application
	ser substitutes by north lean ter	bears case end	soliter financial posted block in the control of th
			energy statistications surface to
Starting date:		Ending date:	
This student is ho	th capable and responsible fo	r self administeri	ng this modination:
	_yesno	s soir-administeri	ng tina metrication.
Date:	Signature:	central feet a laten	Relationship: