

I HAVE GIVEN MY PERMISSION FOR _____ TO
ADMINISTER THE PRESCRIPTION DRUG, _____, TO
_____ AT THE PROPER TIME AND DOSAGE.

I DO NOT HOLD HER RESPONSIBLE FOR ANY PROBLEMS CAUSED BY THE DRUG.

SIGNATURE OF PARENT: _____ DATE: _____

SIGNATURE OF PROVIDER: _____ DATE: _____

DOSAGE: _____

TIME: _____

SPECIAL INSTRUCTIONS: _____

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