MEDICATION AUTHORIZATION

Student's Nan	ne:		Grade:		
<u>Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Time</u>	Comments	
Medication w	ill be administered only	by the school	s nurse. It	should have the student's name	
	on the bottle. Expir				
Parent's Signature:			Date:		
	MAS	S Integrated Sah	ool MASIS		
	MAS	S Integrated School Añasco, Puerto			
		Timases, Tuerre			
	MEDIO	CATION AUTH	ORIZATION	N .	
Student's Name:			Grade:		
<u>Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Time</u>	Comments	
Medication w	-	-		should have the student's name	
	on the bottle. Expir	red medicines	will not be	administered.	
Parent's Signature:				Date:	
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