



MAS Integrated School MASIS
Añasco, Puerto Rico

MEDICATION AUTHORIZATION

Student's Name: _____

Grade: _____

<u>Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Time</u>	<u>Comments</u>

Medication will be administered only by the school's nurse. It should have the student's name on the bottle. Expired medicines will not be administered.

Parent's Signature: _____

Date: _____



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