



MAS Integrated School, MASIS Inc.
 4524 Bianca's Convention Center Suite #5
 Añasco, Puerto Rico, 00610-9684

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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