

Al-Iman School

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Permission to Administer Medication

I give permission for my child to be given the following medication:

1a. Child's Name: _____ 1b. Grade _____

2a. Name of Medication: _____ 2b. Exp Date: _____

3. Dosage: _____

4. Does medication need to be refrigerated? _____

5. Dates to be given: _____

6. Times to be given: _____

7. Parent's Signature: _____ 8. Date: _____

9. Dosage Record	Monday	Tuesday	Wednesday	Thursday	Friday
	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Medication:					
Dosage:					
Date:					
Times:					
Staff Signature:					

*****RETURN MEDICATION TO PARENT UPON COMPLETION*****