PERMISSION TO ADMINISTER MEDICATION

		(parent/guardian name), hereby give permission for a staff member of Beaufort				
prescribed tin	ne.	edication, supplied by m	•	prescribed manner an	d amount, and at the	
Signature of Parent/Guardian Child's Name Dose			Date			
			Date			
			ose	E Time to be given		
Date	Dose	Time Given	Staff Name	Staff Signature	Notes	