Delaware Nature Society – Parent Permission Form for Medication

This form must be filled out every session

Child's Age _____ Child's Instructor this session _____

Please give _____ _____ of _____

(child's name) (amount) (medicine)

at _____ on the days & dates indicated: Mon ___ Tues ___ Wed___ Thur ____ Fri___

(time)

Reason for Medication_____

Number of pills in the bottle _____

Special Instructions _____

Parent's Signature_____ Date_____Phone _____

Physician's Name_____ Phone Number_____

Medication must be in original bottle. Prescribed drugs will only be given at the dosage indicated on the prescription bottle label. Over the counter medication will only be dosed according to dosage on the label. Please only leave enough pills for each week.