AUTHORIZATION FOR DISPENSING MEDICATION

Form 7238 May 2005

ARENT'S AUTHORIZATION ume of Child to Receive Medicine			Name of Medication		
		Prescription No. When to Give		Expiration Date Continue Medication Until (date)	
		Signature-Parent or Guardian		Date	
REGIVER'S RECOR CHILD'S NAME	NAME OF MEDICATIO	DAT	E TIME	AMOUNT GIVEN	FULL NAME OF CAREGIVER OF EMPLOYEE
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Annual Subman					
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