Tot Time PRESCHOOL

_____ _____

Parent's Name Student's Name

_____

Street Address

_____

City, State, Zip Code

_____

Daytime/Emergency Telephone Number

_____

Date

I hereby give my permission to Tot Time Preschool to dispense the medication listed to my child as instructed below until which time my child is no longer attending Tot Time Preschool or this permission is revoked by me in writing.

_____

Known Allergies

_____

Name of Medication

_____

Dosage and Frequency

_____

Parent's Signature

STATE OF _____

COUNTY OF _____

On the ____ day of _____, 20___, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

(SEAL)

_____

NOTARY PUBLIC SIGNATURE

_____

NOTARY PUBLIC PRINTED

My Commission Expires: _____