LEARNING TREE SCHOOLS

PARENT REQUEST TO ADMINISTER MEDICATION

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I,_				arning Tree give my child named a	lDove
				rning Tree Medication Policy and	
				ely after lunch and at no other tim	
				ceptance of this policy	
ı	My child h	as been seen by Dr.	and is l	peing treated for	and the same of th
		Has your child had this med			
Wer	e there an	y side effects?yes	_no If so, ple	ase describe	
	How i	s this medication given?	_ORAL (by m	outh)TOPICAL (to skin)	
		OTHER, please of			
		This medication expires			
		NAME OF MENTATTON	DOCACE	LEARNING TREE USE ONLY	
IA	DATE	NAME OF WEDICATION	DOSAGE	LEARNING TREE USE ONL)	
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Sin	nature of	f *PARENT only.		date	

^{*}The law in Utah does not allow stepparents, grandparents, or other relatives to sign this form unless they have legal guardianship. Please see the director if you have any questions.