

# 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 Number

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.