NORTHFIELD PUBLIC SCHOOLS #659

SCHOOL HEALTH SERVICES

PARENT REQUEST FOR GIVING OVER THE COUNTER MEDICATION AT SCHOOL

	may receive	Medication	for
Student name		Medication	
	Dose	How often	·
Reason			
This form will be used during the	school year,	, only.	
I am to bring a bottle of the medic	cation to the school fo	or my child.	
Signature	School		-
Date	Grade/Teacher		
	NORTHFIELD PUB	LIC SCHOOLS #659	
	SCHOOL HEAD	LTH SERVICES	
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