Midland Valley Christian Academy & Daycare

MEDICINE SLIP

Student's Name:____

(Dates to be given) From: __________________ **TO:**____________________

Medicine:___________ **Dosage:**______ **Time(s) to be given:**_______________

Medicine:___________ **Dosage:**______ **Time(s) to be given:**_______________

Medicine:___________ **Dosage:**______ **Time(s) to be given:**_______________

Parent's Signature:____

DAY	DATE	MEDICINE	DOSAGE	TIME/STAFF INITIALS