

WEeping WATER PUBLIC SCHOOLS
204 WEST O STREET, PO BOX 206 WEeping WATER NE 68463
PHONE: 402-267-2445 FAX: 402-267-5217

"The mission of Weeping Water Public Schools, Every Student, Every Day, Life Long Learning Is The Weeping Water Way"

PERMISSION TO CARRY MEDICATION

I give permission for my child to carry his/her own medication and administer such medication as needed.

NAME & GRADE OF STUDENT

NAME OF MEDICATION

TIME MEDICATION IS TO BE GIVEN

AMOUNT TO BE GIVEN

DATE(S) MEDICATION IS TO BE GIVEN

Parent Signature

Date