Medication Authorization Form

(S.Y 2016-2017)

Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent’s/ Guardian’s Signature

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Rosemarie A. Tapon, R.N Mr. Wilson E. Padillon Jr.

School Nurse Prefect of Discipline

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Ms. Meddy L. Sanchez

School Principal

Medication Authorization Form

(S.Y 2016-2017)

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