

St. Francis Preschool Daily Change Form / Medicine Permission Form 2005-06

Child's Name _____ Date _____

__ Today my child will be going home with _____ at (time) _____

__ Today my child will be dropping in (already pre-approved) until _____
Enclosed is \$___ (lunch\$8) (12-4pm \$22) (1-4pm \$15) (12-5:30pm \$33) (1-5:30pm \$26) (early am \$6) (4-5:30pm \$12)

__ My child will be leaving early at _____

__ Please give my child the following medicine -- _____ -- at _____
name of medicine & amount time(s)

This section must be completed by staff: staff full name: _____
time medicine was given: _____; amount given: _____; date given: _____

Other (special instructions, etc.): _____

Parent Signature _____

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