

The DNow Nurse, a First Baptist Church representative, has permission to give _____ the
(child's name)
following medication at the listed times.

Time <small>(be specific about times)</small>	Medication & Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent's signature

Date

FBCO

Primary Business Address

Your Address Line 2

Your Address Line 3

Your Address Line 4

PLEASE
PLACE
STAMP
HERE

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