

## MEDICAL PERMISSION FORM

Date:			<u>-</u>
Name of Student:	7	9	
Class:			
(PARENT/GL	JARDIAN'S NAME)	give permission	for a school staff member
TO THE RESERVE OF THE PERSON O	4	DICATION AND QUAI	NTITY)
To the above named			on
		(TIME/S)	(DAY/S DATE)
*			
Signed:			