

Conestoga Valley School District 2110 Horseshoe Road Lancaster, PA 17601

TEMPORARY MEDICATION PERMISSION

Date	
Name of Student	
Name of Medication	
Directions for administering medication_	
We hereby give permission for the school nurse or designating school hours as directed.	gnated personnel to give the above named medication
	Parent Signature
2110 Horse Lancaster,	ey School District eshoe Road , PA 17601 CATION PERMISSION
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Directions for administering medication_	
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Temporary Medicatio	Parent Signature on Permission HF98105