

INSTRUCTIONS

PARENTS:

- **PLEASE FILL OUT LINES # 19 TO 23**
- **TAKE THIS PAPER AND CONSENT FORM TO THE DR.**
- **MEDICATION MUST COME IN ITS ORIGINAL BOX LABELED WITH YOUR CHILD'S FULL NAME**
- **RETURN EVERYTHING TO BIG CHIEF WHEN COMPLETED**

DOCTOR:

- **ONLY 1 FORM PER MEDICATION**
- **PLEASE FILL OUT LINES # 1 TO 18 & 33 to 36**
- **ACTION PLAN MUST BE ATTACHED**
- **DR. MUST SIGN AND STAMP BOTH SIDES**
- **THIS FORM IS ONLY GOOD FOR SIX MONTHS**

THANK YOU

LUANNE PICINICH

OWNER/DIRECTOR