

Teacher _____

Grade _____

Calvary Christian School Authorization for Medication

Child's Full Name _____

Name of Medication _____

Prescription Number _____

Time Medication is to be Given: _____

Amount of Medication to be Given: _____

Dates Medication is to be Given: _____

Parent's Signature

Date

FOR OFFICE USE

DATE	TIME GIVEN	AMOUNT	ANY REACTIONS	ADMINISTERED BY

If noticeable adverse reaction to medication, what action was taken? Describe.

