FRIENDSHIP CHRISTIAN SCHOOL

Permission to Administer Medication

Name of child: _____

Time period of authorization: from _____ until _____

*Note: Topical medications and OTC medications can be authorized for up to **12 months**. Medication for diagnosed medical conditions such as asthma and allergies can be authorized for up to **6 months**.*

Name of medication: _____

Amount to be given: _____ Times to be given: _____

Detailed dispensing instructions: _____

_____

_____

Signature of parent/guardian: _____ Date: _____

Received by: _____ Date: _____

(signature of authorized school representative)

DISTRIBUTION OF MEDICINE:

Date	Time	Dosage	Office Use		Date	Time	Dosage	Office Use		Date	Time	Dosage	Office Use

Date	Time	Dosage	Office Use		Date	Time	Dosage	Office Use		Date	Time	Dosage	Office Use
Date	Time	Dosage	Office Use		Date	Time	Dosage	Office Use		Date	Time	Dosage	Office Use