

STUDENT NAME

# FAITH ACADEMY

## Medication Authorization Form

I hereby request an employee to administer to my child, the medication(s) named below. I understand that all medications must be in the original container, labeled with the child's name, and with the directions to administer the medication. Prescribed medication must be in the original container from a pharmacy and the label must include the date, student's name, and the name of the prescribing physician. By signing this form I release Faith Academy Bellville and its employees from all liability for reactions which my child may suffer from this medication.

PARENT / GUARDIAN SIGNATURE

DATE

<b>#1</b>	MEDICATION:	DOSAGE:
	INSTRUCTIONS:	
<b>#2</b>	MEDICATION:	DOSAGE:
	INSTRUCTIONS:	
<b>#3</b>	MEDICATION:	DOSAGE:
	INSTRUCTIONS:	