

## CALVARY CHRISTIAN ACADEMY & PRESCHOOL AUTHORIZATION TO ADMINISTER MEDICATION

All medication to be taken by a student must be approved on this form before any medication will be administered on school premises or at any school function. All medication must be in its original container. Prescription medication will be administered ONLY to the name that is prescribed on the label. Prior to any medications being administered, a parent or sole guardian must sign this form.

This is to verify that Calvary Christian Academy and Preschool has permission to administer the following medication to my child:

Child's Name		
Medication	Continuing Med	Temporary Med
Dosage Time to Administer	r Dates	to Administer
This medication is for the following reason		
f ointment or crème, should be applied		
f there are any questions, please contact me at		
Signature of Parent or Guardian	Date	dates and a shall-this are future on a security are a security and

Note: This form will become a part of the student's cumulative health record

Date	Time Given	nitials	Date	Time Given	Initials
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