## **MEDICATION ADMINISTRATION AUTHORIZATION**

Dear Parents,

Beacon of Hope Christian School will not administer medication of any kind to your child without your written permission. Any prescription drug sent to the school must be in the original container and clearly labeled with your child's name, the name of the drug, and the directions for administering the drug. If it is absolutely necessary for your child to be given medication while at school, please complete the following information.

| Child's Name:   |                |
|---|----------------|
| Medication or Prescription Number:  |                |
| Name of Medication:   |                |
| Please give my child the above referenced medication at the time(s) and in the a indicated below: | imount(s)      |
| Time of last dosage at home:  |                |
| Time(s) of last dosage to be given at school:   |                |
| Amount of medication to be given with each dosage:  |                |
|   |                |
| Signature of Pare   | nt or Guardian |
|   | <br>Date       |
| FOR OFFICE USE ONLY   |                |
|   |                |

| <u>Date &amp; Time</u><br><u>Given</u> | Administered<br><u>By</u> | <u>Date &amp; Time</u><br><u>Given</u> | Administered<br><u>By</u> | <u>Date &amp; Time</u><br><u>Given</u> | <u>Administered</u><br><u>By</u> |
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