



BAYTOWN CHRISTIAN ACADEMY

RELEASE FROM PARENT/GUARDIAN TO ADMINISTER MEDICATION WHILE AT SCHOOL

This is to verify that I, _____ give my permission for the staff of Baytown Christian Academy to administer the medication listed below to my student, _____, during school hours. I have indicated the way to administer the medication in the space provided.

Name of Medication:

Amount of Medication to Administer:

Actual times that Medication is to be dispensed or intervals of administration:

I understand that all medication must come in its original bottle whether it is a prescription drug or an over-the-counter medication.

For safety purposes, all medications should be dropped off and picked up in the main office by a parent/guardian and not the student.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date