

Calvary Christian School  
Authorization for Medication



Child's Full Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Prescription Number \_\_\_\_\_

Time Medication to be given \_\_\_\_\_

Amount of Medication to be given \_\_\_\_\_

Dates Medication to be given \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Other Comments or Concerns \_\_\_\_\_

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