

Liberty Christian Academy

School Grades 1-12

Permission to Administer Medication Form

Child's Name: _____

Please administer the following medication(s) to my child as indicated below:

Medication <i>(Please indicate if refrigeration is necessary)</i>	Date to Start	Date to End	Time To Be Given	Dosage	Special Instructions <i>(example: "take with food")</i>

Parent/Guardian Signature

Date

- ❖ If parents wish to allow over-the-counter medication (such as Tylenol, Motrin, Tums, Ect.), this must be noted above. In addition, you must give the office a bottle of the medication. This medication **MUST** be in the original container with the child's name clearly marked.
- ❖ LCA staff will **NOT** administer the first dose of any prescribed or over-the-counter medication in case of severe reactions to a new medication.