



Medication Permission Form

To Whom It May Concern:

Calvary Christian School and/or

(child's teacher &/or Staff)

has permission to administer medication to: (as prescribed)

(child)

Dates/Times to administer: _____

Parent Signature

Date

Medication Administering & Dosage: _____

- Medication must be in the original container
- If it is prescription medication, the child's name must be on the label
- If it is an over-the-counter drug, write the child's name on the container with a permanent marker

cc: Teacher: _____

Reminder set up on computer: _____