

## **Medication Permission**

Student Name:	Teacher/Grade:
Medication:	
When to take:	
Dosage:	
Special instructions:	
Reason for medication:	
and times to be given. Medication must be picked up at the errequired for longer than one month, a physician's note is req	uired. action, allergic reaction, or side effects my child could have due to
Parent Signature:	Date:
Printed Name:	Application and Application an
NEW BRAUNFELS CHRISTIAN ACADEMY	Medication Permission
Student Name:	Teacher/Grade:
Medication:	
When to take:	
Dosage:	
Special instructions:	
Reason for medication:	
<ul> <li>Medication must be in <u>original container</u> and properly labele and times to be given. Medication must be picked up at the e required for longer than one month, a physician's note is requ</li> </ul>	uired. action, allergic reaction, or side effects my child could have due to
Parent Signature:	Date:
Printed Name:	

Name:

Medication:

Dosage:

Date	Time	Dose	For C.O	Given By	Date	Time	Dose	For C.O	Given By
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			Date		1				

Name:

Medication:

Dosage:

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