School Year: <u>2018-2019</u>

<u>Faith Christian Academy</u> General Medication Release Form

Student Nam	ie:		DOB:/		
you approve dosage recon	the staff of F nmended on vide <u>any</u> of t	OTC (over the counted CA to administer to you the packaging. If you he items listed below	Office Use Only Modification to Form Date:/ Comments: Per: Initials bove mentioned items to my child.		
Antibi dōTer Other I decli	iotic Ointmer ra [™] oils (\$5 (specify – pa ine permissio				
recognize that give permiss: am aware the Faith Christia or administration "Prescription" Parent/Guard	at it is my restion for a Fait these will an Academy ation of these Medication lian Printed Medication	h Christian Academy I not be administered or its employees legal medication(s). Any I Release Form".	ent to administer med staff member to adm d by a trained health lly responsible for any long-term or prescript	ications to my chinister the above a care profession by problems that ration medications	nild. However, I hereby listed medications. I hal. I will not hold may arise from the use
Date	Time	Reason	Medication	Dosage	Staff
		230000000			

General Medication Release Form – Page	
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Student Name:	

Date	Time	Reason	Medication	Dosage	Staff