FAITH COMMUNITY LUTHERAN ACADEMY

Authorization To Administer Prescription Medication Form

I hereby give my permission to Faith Lutheran Academy to administer the following prescription medication:

(Medication & Prescription #) (Expiration Date)

(Dosage to be given)

(Time to be administered)

Child's Full Name Grade Teacher

Faith Community Lutheran Academy medication policy states that prescription medication must be in its original container with the times and dosage clearly visible. All medication will be kept in the Health Office and issued by staff.

Signature of Parent/Guardian

Date