

# #4 - Medication Release Authorization

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School: Community Christian Academy      Student Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Please Print All Information Legibly**

With parent/guardian permission, the school staff will administer general medication as needed. This medication includes: (1) General pain relievers such as Tylenol® and/or its generic substitute. (2) General stomach medication such as Pepto-Bismol® and/or its generic substitute.

The staff will not administer anything without written consent of the parent/guardian. By checking the "I give my permission" box below, you agree to hold harmless the staff and administration of Community Christian Academy and its sponsoring church, Community Baptist Church.

*Please Check One Box Only*

- I give permission for the staff of Community Christian Academy to administer general medication as needed to my child, as stated above.
- I do not give permission for the staff of Community Christian Academy to administer general medication as needed to my child, as stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Your relation to the child: \_\_\_\_\_

Parent's Daytime Phone Number: \_\_\_\_\_

Please call me before administering any medication.     YES       NO