

Parental Permission To Administer Medication

Student Name: _____

Date: _____

I authorize a staff member of Bread of Life Tabernacle Christian Academy to administer the following medications to my child.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>
---------------------------	---------------	------------------------------

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____