

Bread of Life Christian Academy  
Parental Permission To Administer Medication

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize a staff member of Bread of Life Christian Academy to administer the following medications to my child. (Please include any over-the-counter medications and add "as needed" with dosage amount.)

<u>Name of Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>
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- |          |  |  |
|----------|--|--|
| 1. _____ |  |  |
| 2. _____ |  |  |
| 3. _____ |  |  |
| 4. _____ |  |  |
| 5. _____ |  |  |

Pick Up & Emergency

I authorize the following person(s) to pick up my child from school. I understand that if someone other than the individuals listed below should pick up my child, I will notify the school by way of a written document.

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

Please list 3 people in which we may contact for emergency purposes:

- |          |              |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_