

**AUTHORIZATION FOR MEDICATION**

I hereby authorize BAYBERRY CHRISTIAN SCHOOL to administer the following medication to my child \_\_\_\_\_  
name of child

Medication \_\_\_\_\_ Prescription / Non-Prescription  
(circle one)

Dosage \_\_\_\_\_

Date(s) on which medication is to be given \_\_\_\_\_

Time(s) on which medication is to be given \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Doctor's Signature on file (for non-prescription meds) ? \_\_\_\_\_

Date \_\_\_\_\_

DATE	TIME	DOSAGE	STAFF PERSON'S SIGNATURE (FULL NAME)
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This form must be filed in the child's record after the course of medication has been completed.