

Medication Release Authorization

School: Calvary's Harvest Christian Academy Student Name: _____
Year: 2014-2015 *Please Print*

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 Calvary's Harvest Christian Academy and its sponsoring church, Calvary's Harvest Baptist Church

Please Check One Box Only

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