Calvary Christian High School
Medication Administration

Last Name

First Name

2010-11

ADMINISTRATION OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION
All medication must be in the labeled prescription or over-the-counter original container.

Name of Medication	Prescribed for (reason)	Doseage	Instructions

I give my permission for Calvary Christian High School to administer the above medication to my son/daughter.

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Signature of Parent/Legal Guardian Date Daytime Phone

Date	Time	Name of Medication	Reason	Signature of Person Administering Medication