AUTHORIZATION TO ADMINISTER MEDICATION

NOTE: All over the counter medications as well as prescription medications administered at Abundant Life Christian School **MUST be in the original container**.

I hereby authorize the staff at Abundant Life Christian Schoo medication to	I to administer the following		
Name of Student			
TYPE OF MEDICATON:			
SPECIAL INSTRUCTIONS:			
DOSAGE:			
Parent/Guardian Signature	Date		

DATE	TIME	DOSAGE	Name of Person Administering Medication

DATE	TIME	DOSAGE	Name of Person Administering Medication