

**BALDWIN CHRISTIAN SCHOOL
MEDICATION PERMISSION FORM**

(Parental Consent To Administer Medication During School Day)

I, _____, request and give permission for school personnel at _____ School to give my child, _____ the following medication(s) according to the stated directions. We understand and agree that the school will not be held responsible for any ill effects which might occur in connection with the administration of this medication.

Name of Medication: _____

Dosage: _____

Time(s) to be Given: _____

Dates to be Given: From _____ To _____

Diagnosis/Reason for Medication: _____

Parent Signature _____ Date _____