



bayarea
Christian School

PERMISSION TO ADMINISTER MEDICATION

Student Name: _____ **DOB:** _____

Grade: _____ **Teacher:** _____

To be filled out by physician:

Medication and dosage:	
Date to begin: _____	Date to end: _____
Time to be given:	
Reason:	
Special Instructions:	
Physician's Signature: _____	Phone Number: _____

To be filled out by parent or legal guardian:

Parents/Guardians: Please send only amount student needs to take at school in the original, properly labeled container. No controlled substances may be sent home with a student when the period for administering the medication expires. The medication must be picked up by the parent, legal guardian, or other person having legal control of the student. Medication will be discarded if it is not picked up within thirty (30) days after the period for administering it has expired or the school year has ended, whichever occurs first.

By signing below, I am giving consent for the above listed medications to be administered to my child by the BACS nurse.

Parent Signature

Phone Number

Alternate Phone Number

For your convenience, your child's physician may fax the order to the school at (281) 554-5495.