

Bethesda Christian Academy

Medication Release Form

Name: _____ Grade: _____ Birthdate: _____
Parent(s) Name(s): _____ Phone: _____
_____ Phone: _____

Parent Authorization

I give the staff of Bethesda Christian Academy permission to dispense the following medication(s) to my child. Below are instructions for the administration of the medication(s). I realize that BCA is administering this medication in my place and at my request. I understand that non-medical personnel conduct/oversee the medication administration.

Parent/Guardian Signature

Date

PRESCRIPTION MEDICATIONS

Medication Name: _____

Indication for Use: _____

Dosage: _____ Time to be Administered: _____

Possible Side Effects: _____

Storage Instructions: _____

Special Instructions for Administration: _____

Duration of Physician's Order: _____ Begin: _____ End: _____

Expiration Date of Medication: _____

Physician's Name: _____ Phone: _____

Physician's Signature

Date

NON-PRESCRIPTION MEDICATIONS

Medication Name: _____

Indication for Use: _____

Dosage: _____ Time to be Administered: _____

Special Instructions for Administration: _____

Expiration Date of Medication : _____

**If non-prescription medication is higher than recommended dose, please have physician's signature.*

**Please send medication(s) in original bottles and/or boxes. Thank you!*
