

High Point Baptist Academy
Authorization For Medication Administration

Name of Child: _____

Grade: _____

Medication: _____

Tylenol as directed on label according to age
or weight

Dosage: _____

Dates: _____

Ibuprofen as directed on label according to age
or weight

Frequency/Time: _____

Special Instructions: _____

TUMS as needed

I, hereby give permission to the school nurse or other designated school employee to administer medication to my child. I understand that the designated school employee shall not be liable to the student, parent or guardian of the student for civil damages for any personal injuries to the student, which result from acts of omissions in administering any medication.

Signature of Parent or Legal Guardian

Date