



Wilmington Christian Academy

School Year 2023-2024

Authorization to Administer Over-the-Counter Medication Form

I am the parent/guardian of _____. I am requesting that the following medication be given to this student based on the information below. I do hereby release Wilmington Christian Academy and any persons, employees, etc. designated by Wilmington Christian Academy from and against any and all claims, demands, or causes of action by any person for loss, cost, injury, or damage alleged to rise from or out of the administration of medical services as requested and authorized below. I am fully aware that such medication may be, by necessity, administered by medically untrained personnel or volunteer.

Student Name	Date of Birth
Student Address	
Height	Weight
Grade	Teacher
List Any Known Drug Allergies	
NAME OF MEDICATION	Reason for Use
Dosage	Interval/Time to be Given
Date to Begin Medication	Date to End Medication
Possible Side Effects	

I understand the following:

- The student must have permission each day the medication is administered via a telephone call.
- Medication must be submitted to office by an adult.
- Medication must be in original packaging, unopened, sealed and placed in a Ziploc bag with student's name.
- Only one medication per form.
- If there are any changes to the medication or anything provided above, a new form must be submitted.
- Medication must be picked up by an adult at the end of the date listed above or at the end of the school year, if applicable.

Parent Signature: _____ Date: _____

Parent Contact Number: _____ Email _____

OFFICE USE ONLY

Dates Medication Administered

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____