



# Joshua Christian Academy

“Home of the Achievers”

## MEDICATION AUTHORIZATION

Date: \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription Number \_\_\_\_\_

Dates to be given: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

I authorize **Joshua Christian Academy** to dispense the above described medication to my child in the manner described above.

Parent's Signature: \_\_\_\_\_

|           | Time/Amt | Time/Amt | Time/Amt | Time/Amt | Time/Amt | Time/Amt |
|-----------|----------|----------|----------|----------|----------|----------|
| Monday    |          |          |          |          |          |          |
| Tuesday   |          |          |          |          |          |          |
| Wednesday |          |          |          |          |          |          |
| Thursday  |          |          |          |          |          |          |
| Friday    |          |          |          |          |          |          |