



Faith Baptist Preschool Medication Authorization

Student's Name _____ Date of Birth _____

I, the undersigned parent/guardian request that a trained school employee administer _____ each day according to the prescription and agree to

- furnish the necessary prescribed medicine in the properly labeled container.
- replace the medication as necessary.
- notify the Director immediately if the medication prescription is changed.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____

Medication discontinued per parent _____ Date _____

Medication picked up by parent _____ Date _____