

# WYNNBROOK CHRISTIAN SCHOOL

## Medication Authorization Form

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

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Medication \_\_\_\_\_

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

Time Medication is to be given \_\_\_\_\_

Amount of Medication to be given \_\_\_\_\_

Date(s) Medication to be given \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature

Date

### For School Use:

Date	Time Given	Amount	Adverse Reactions	Administered by
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____

If noticeable adverse reaction to medication occurred, what action was taken ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director's Signature \_\_\_\_\_