Faith Bible Christian School

Administration of Prescription or Nonprescription Medication
Permission and Record Form

Name of Student_____

Name of Medication_____ Prescription ☐ Nonprescription ☐

Dosage_____

Administered: Orally ☐ Topically ☐ Other ☐ _____

Frequency of Administration_____

Other Instructions_____

By signing this form I verify that I as parent/guardian of this student have personally filled out this form and give permission for the staff of FBCS to administer this medication as described above. I understand that school staff will not be held liable for dosage of my child with medication in accordance with the above instructions. It is the responsibility of the parent/guardian to inform FBCS of any changes in the above information.

Parent/Guardian Signature_____ Date_____

For Office Use Only

Date	Time	Medication/Dosage	Reason	Given By