

Heritage Christian School
4403 Tiedeman Road
Brooklyn, OH 44144
216-476-7976

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL**

(To be completed by Parent/Guardian)

Child's Name

Grade

I hereby request that my child be administered the following medication(s) with the understanding that such medication(s) may only be administered by school personnel for a duration not to exceed three school days. I accept full responsibility for the decision to administer such medication(s).

Name of Medication(s)

Dosage

Date(s)

Time(s)

Indications for medication (symptoms, illness)

Possible side effects

Parent's Signature

Date

Medication	Date	Time	Administered by

Medication	Date	Time	Administered by

Medication	Date	Time	Administered by

Medication	Date	Time	Administered by

Medication	Date	Time	Administered by