

Please make  
copies as  
needed

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## MEDICATION PERMISSION FORM

I am requesting and hereby give permission to the Fairview Heights Church of Christ, together with the adults in charge, to give the following medication to my child named below, allowing my child to administer the medication to himself/herself, in order to maintain my child's physical and/or mental health. To my knowledge, my child has no allergy to this medication.

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

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

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Telephone Number

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Guardian)

**NOTE:** The medication listed above must be supplied by the parent/guardian and must be in the original manufacturer's container with an original label containing dosage instructions. Please do not send medications in baggies or other containers.

