

Way of Faith Christian Academy

Student Medication Information

I, _____ give permission for any
Parent or Guardian

teacher or staff member at Way of Faith Christian Academy to administer

_____ to _____ if needed.
Medication Student

The teacher or staff member will also contact or attempt to contact me in this event.

This medication will be provided to the Academy by me and will be kept under lock and key there unless needed.

Instructions:

Signature of Parent or Guardian

Phone #'s

Date