

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Savannah Christian Academy WILL NOT administer medication to any student without complete written instructions from a parent/guardian and/or which has not been properly labeled. SCA has my permission to administer the following medications as instructed below:

Child's Name: _____ Teacher: _____ Grade _____

Medication: _____ Purpose of Medication: _____

Dosage: _____ Time(s): _____ Possible side effects: _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or legal guardian. I do hereby release all personnel of Savannah Christian Academy from any legal claim that they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for _____ to take the above prescription as ordered. I understand that it is my responsibility to furnish this medication.

Date: _____

(signature of parent or legal guardian)

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