



# First Baptist Christian Academy

## MEDICATION TO BE DISPENSED

Student Name: \_\_\_\_\_

Name of Medication(s) / Dosage / Time:

_____	Medication	_____
_____	Dosage	_____
_____	Time	_____

Special instructions/adverse effects of the medication:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Remember that we do not supply Tylenol and other types of pain relievers. If your child needs this type of medical treatment (due to frequent headaches, etc.), please complete a "Request for Medication to be Dispensed" form. Place the form and the medication in a Ziplock bag and bring to the clinic, which is located in the office. Please put your child's name on the bottle of medicine.

**IMPORTANT NOTE:** If your child requires medication on a daily and/or seasonal basis (allergy medicine, asthmatic medications, etc.) a signed fax or note from the doctor is required to dispense this medication.

**ALL medication must be in the original container!**