



Faith Education & Resource Center  
9114 Davies Plantation Road  
Bartlett, TN 38133  
(901) 382-2099

### Permission to Administer Medication

I, \_\_\_\_\_, give permission for the Executive Director or the Principal of Faith Christian Academy to administer the following medication(s) to my child:

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

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dosage: \_\_\_\_\_ Refrigerate: \_\_\_\_\_

Dates to be Given: \_\_\_\_\_

Times to be Given: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Possible Reactions: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*All medication must be turned into the office in the original container by an adult or guardian. Students are **NOT** permitted to bring any type of medication on campus.