

# FAMILY CHRISTIAN

2500 SOUTH HIGHWAY 27  
CLERMONT, FL 34711



# CENTER SCHOOL

www.FccSchools.com

P. 352-241-0323

## AUTHORIZATION TO RELEASE PRESCRIBED MEDICATION

NO medication shall be given by FCCS personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician if possible, medication name, and medication directions printed on the label. **Expired medications will be returned to the parent / legal guardian.** Please provide a Ziploc bag for each container of medication.

DATE	STUDENT NAME	AGE	GRADE

MEDICATION	DOSAGE REGULARITY	PRESCRIBED / RECOMMENDED DOSAGE

PARENT INITIAL: \_\_\_\_\_ I AUTHORIZE FAMILY CHRISTIAN CENTER SCHOOL TO ADMINISTER the above medication to my student

PARENT INITIAL: \_\_\_\_\_ I AUTHORIZE MY CHILD TO SELF-ADMINISTER the above medication.

Parent's printed name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY:

DATE	TIME ADMINISTERED	AMOUNT ADMINISTERED	STAFF INITIALS

