Bible Baptist Christian Academy
Medication Parental Consent Form

This form must be signed by a parent/guardian of the student, as well as a staff member of the school. These signatures must take place at the same time, in person.

Name of Student: _____

Please complete this top portion for over-the-counter medications:

Name of over-the-counter medication	Dosage	When to administer	How often to administer

_____

Please complete if your student has a prescription medication that is to be taken at school (most of this information can be found on the medication label):

Name, address, telephone number, and federal DEA (Drug Enforcement Agency) number of the pharmacy:

_____

_____

Name of prescription medication and amount dispensed (List multiple if needed. Must be in original container.):

_____

_____

Name and registration of licensed prescriber: _____

Prescription serial number: _____ Date originally filled: _____

Controlled substance statement, if applicable: _____

_____

Parent Signature: _____ **Date Signed:** _____

Administration Signature: _____ **Date Signed:** _____