FCA Authorization for Dispensing Medication
2026-2027 School Year

PARENT'S AUTHORIZATION:

By signing below, I authorize the officers, employees, agents, or representatives of Faith Christian Academy to dispense the following medication to my child. The medication must be in its original container and labeled with the child's name and the date medication was provided to the school. Medication can only be administered in the amount stated in the label directions.

Child's Name: _____

Parent/Guardian's Signature:

_____ _____ _____

Printed Name *Signature* *Date*

MEDICATION INFORMATION:

Medication to be Dispensed: _____

Reason for Medication: _____

Time(s) of day to be Administered: _____

Period of Time to be Administered: *(from)* _____ *(to)* _____

Possible Side Effects: _____

DISPENSATION LOG *(for FCA staff)*:

Date: _____ Time: _____ Amount: _____

Administered by: _____ Initials: _____

Date: _____ Time: _____ Amount: _____

Administered by: _____ Initials: _____

Date: _____ Time: _____ Amount: _____

Administered by: _____ Initials: _____

Date: _____ Time: _____ Amount: _____

Administered by: _____ Initials: _____

Date: _____ Time: _____ Amount: _____

Administered by: _____ Initials: _____