

# Holy Ground Baptist Academy

1355 N. Highway 27  
Roopville, GA 30170  
770-854-4659

## Medication Authorization Form 2014-2015

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

### Instructions

Name of Medication	Time To Be Given	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For what length of time is child to receive medication ?

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Does your child have any known allergies? NO YES

If YES, what are they? \_\_\_\_\_

**ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH THE CHILD'S NAME ON IT!**  
A spoon or dropper must be included, if it is needed. DO NOT leave medication in your child's bag.  
Medication must be given to the OFFICE to be kept locked away, unless it is an emergency med,  
such as an Epi Pen or asthma inhaler.





