

**Hampton First Baptist Academy
85 McDonough Street
Hampton, GA 30228
770-946-4802**

**ELEMENTARY
AUTHORIZATION TO ADMINISTER TEMPORARY MEDICATION**

Hampton First Baptist Academy staff members are not allowed to administer any medication to a child unless the Academy has been given written parental permission and instructions. **The medication must have the child's name and doctor's instructions on the bottle or container.** The following information must be completed before any medication can be given.

Child's Name: _____

Name of Medication: _____

Prescription Number: _____

Time(s) Medication is to be given: _____

Amount of Medication to be given: _____

Other Information: _____

My signature authorizes Hampton First Baptist Academy to administer the above medication.

THIS AUTHORIZATION FORM WILL BE VALID FOR THE CURRENT SCHOOL YEAR AND ONLY FOR THE MEDICATION INDICATED ABOVE.
A new form will be required each school year.

Parent's Signature

Date

