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

MDO/PRESCHOOL AUTHORIZATION TO ADMINISTER TEMPORY 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.

hilds' Name:			
ame of Medication:	Prescription Number:		
ime(s) Medication is be given:			
mount of Medication to be given:			
Other Information:			
My signature authorizes Hampton First Baptist Academy to administer the above medication.			
SIGNATURE AND ONLY FO	L BE VALID FOR 30 DAYS FROM THE DATE OF THE DR THE MEDICATION INDICATED ABOVE. will be required after 30 days.		
Parent's Signature	Date		
Below	w is for Office Use Only		

DATE	TIME	ADMINISTERED BY