



**ROCKY BAYOU
CHRISTIAN SCHOOL**

A K3-12 COLLEGE PREPARATORY SCHOOL

AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS

Please complete this form. Please state what scheduled or temporary medication(s) are to be given by RBCS. *This does NOT refer to medications listed on the Student Application Form you filled out when enrolling.

Child's Name: _____

Parent Signature & Date: _____

	<u>Medication</u>	<u>Amount Sent</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Instructions for administering:

1. STUDENTS ARE NOT ALLOWED TO BRING MEDICATION TO SCHOOL.
2. All medications must be brought in by a parent or guardian.
3. Medications must be in their original container.
4. Expired medicine cannot be given.
5. Medications brought in a zip-loc bag or unmarked container will not be given.
6. AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS form MUST be completed by the parent/guardian.

Updated 6/12/18