

# AUTHORIZATION TO ADMINISTER MEDICATION

Out of concern for the well being of the students and in compliance with state regulations, it is the policy of Trinity Baptist School to have written authorization to administer medication to a student during the school day. This written authorization releases Trinity Baptist School and its employees from any and all liability.

## NON-PRESCRIPTION MEDICATIONS

Please return this completed form along with the medication in its original container to the school office. The school cannot give out non-prescription medication without this form on file.

## PRESCRIPTION MEDICATIONS

Please return this completed form along with the medication in the original pharmacy container with the label listing the name of the doctor, phone number, type of medication and dosage information. The school cannot dispense medication unless these conditions are met.

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STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_  
DRUG NAME \_\_\_\_\_  
REQUIRED DOSAGE & TIME \_\_\_\_\_  
DRUG ALLERGIES \_\_\_\_\_  
ADDITIONAL COMMENTS \_\_\_\_\_

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**\*A form is needed for each medication taken.**

I hereby authorize school personnel to administer the afore mentioned medication during school hours according to the prescribed directions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone number

TRINITY BAPTIST SCHOOL  
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