

Permission to Dispense Medication

2018 - 2019

Student Name _____

Age _____

Weight _____

Address _____

Parent/Guardian Name _____

Phone _____

Alt. Phone _____

I, _____, give my permission for TCA_(TAPS Christian Academy)
(Parent / Guardian Name)

to administer the following medication as deemed needed by TCA staff:

Benedryl

Motrin

Tylenol

PeptoBismol

Hydrocortisone Cream

Dosage will be given according to weight and age as depicted on the bottle.

Parent Signature _____

Date _____