Emerald Christian Academy Medication Authorization

2021-2022

Student's Last, First, Middle Name		S	Student DOB		
Parent/Guardian Name Primary Care Physician			Parent/Guardian Cell Phone		
			PCP's Office Phone #		
Medical History (Aller	gies, asthma, etc.):				
NO PRESCRIPTION ME	EDICATION ON CAMP	US UNLESS:			
statement from the ph	nysician detailing the t bmit a written statem	ime schedules, amo	unt, and method l	by which the medicati	armacy label with a written ion is to be taken. The paren t in matters set forth by the
Medication			Parent Signature		
Non-Prescription Med prescription medicatio			-	designated staff to giv	e the following non-
Ibuprofen	Tylenol	Benadryl	_	Cough Drops	Tums
Pepto Bismol	Student will be given	the recommended o	dose that is labele	d on the container for	their age.
Parent Signature					
Medication Log (Office	e Use Only):			Dat	te & Initials
	Date & Initials_			Dat	te & Initials
	Date & Initials_			Dat	te & Initials
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