Beth Haven Christian School

5515 Johnsontown Road • Louisville, KY 40272 Phone (502) 937-3516 Fax (502) 937-3364

Dear Parent or Legal Guardian,

In Order for school personnel to administer any type of Medicine to your child the school must have a signed affidavit on file that gives your permission to distribute medication to your child. The medicine must be brought to the school office with completed information that is listed on the form below before returning it to the School Office. Unused medication must be picked up by the parents.

This authorization will be voided if not notarized. It will also expire at the end of the school year.

	Sincerely, School Office			
I hereby request Beth H	aven Christian School personnel to give medicine to my			
child,	. This medication has been prescribed by			
Dr	, whose office is located at The doctor's office phone number is			
	The doctor's office phone number is			
Date of last visit:				
Starting date for medication:				
Ending date for medication:				
Reason for medication:				
Possible side effects or reaction	s:			
Instructions for Administ	ering Medication			
1. Name of Medication:				
2. Dosage to be given:				
3. Time for dosage to be ad	lministered:			
4. Special instructions (e.g.	not taken on empty stomach):			
I give normission for the	hove information to be welf-death.			
	bove information to be verified with my			
physician.	W. 137 1			
Farent's nome phone:	Work Number:			
Emergency Number:				
NOTICE: SIGNING THIS FO	RM SHALL RELEASE BETH HAVEN CHRISTIAN			
	EMBERS FROM ANY LIABILITY OF ANY NATURE			
	M THE ADMINISTRATION OF MEDICATION TO			
THE STUDENT.				
Signature of Danage and I and Co-				
Southed and assume to he common	ardian: day of, 20			
octived and swom to before me	this day of, 20			
Signature of Notary Public	My Commission Expires			

Medication Administration Record

Name of Student:Date of Birth:						
Dosage:Time to be given:						
pecial Instructions:_						
Day/Date	Time	Dosage	Remarks	Signature of Person Observing or Administerin Medication		
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