

Ox Hill Baptist Church
Authorization for Medication Administration

*Medicine Must Be In Its Original Container

Child's Name _____

Medication Name(s) _____

Dosage Amount(s) _____

Time(s) to Be Given _____

Date(s) to be Given _____

Side Effects / Anticipated Reaction: _____

If Dosage time is missed, then: _____

Special Instructions (if applicable): _____

I Give Permission for the OHBC Adult Chaperones to administer the above referenced medicine to my children based on the instructions provided.

Parent's Signature _____

Date _____