



Family Christian Academy

A Ministry of Family Worship Center

8919 World Ministry Ave., Baton Rouge, LA 70810

Phone: 1- (225) – 768-3026 or 1- (225) – 768-3027

Medication Permission Request Form

Note to Parents/Guardians:

Family Christian Academy requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.

Long term medication (longer than four weeks) may be given by the FCA staff providing that the prescribing physician completes the academy medication permission request form.

Student _____ Date of Birth _____

Grade _____ Teacher _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____

Specific time(s) and dose(s) to be given at school _____

Length of time _____

Are there any restrictions? ____ yes ____ no If yes, what and how long? _____

Printed Name of Physician

Signature of Physician

Date

TO BE COMPLETED BY PARENT

I, _____, give permission for my child to receive the above medication as directed.

Parent/Guardian Signature

Telephone Number

Date