



Medication Information & Authorization Form

Participant Name: _____

Age: _____ Grade (completed): _____

Name of Medication (one per form): _____

Why is your child taking this medication? _____

Dosage: _____

Circle one: tablet, capsule, liquid, spray, cream, drops, other _____

Place a check mark in the boxes corresponding to the days and times medication is given:

| | MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----------------|-----|------|-----|-------|-----|-----|-----|
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Bedtime | | | | | | | |
| Other: _____ | | | | | | | |

FOR NON-SCHEDULED MEDICATIONS:

Give this medication only as needed to treat the following:

Special Instructions: _____

I, _____, hereby authorize the staff of Cottonwood Creek Baptist Church ("Cottonwood Creek Church") to provide directly or to authorize an adult Cottonwood Creek Church volunteer to administer this medication as directed above to the aforementioned participant.

Parent's Signature: _____ Date: _____

Cottonwood Creek Staff Notes: _____

Cottonwood Creek Staff:

Name: _____ Signature: _____