



The Montego Bay Christian Academy
"achieving excellence through Christ"

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MEDICATION AUTHORIZATION FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____ AGE: _____

Name of Medication	Expiry Date	Dose	Time to be given	*Method of Administration	Duration (start/end date)

(* How it is to be given: by mouth, inhale, inhale using spacer, drops to nose or mouth, etc)

SPECIAL INSTRUCTIONS:

TO THE PARENT/GUARDIAN:

ALL medication must:

1. Be in the original container
 2. Over-the-counter medication must be kept in the original labeled container and be labeled with the child's first and last name.
 3. Prescription medications must contain the original pharmacy label
- For long-term medication the authorization must be renewed at least one every six months.
 - Any changes in the original medication authorization shall require the completion of a new authorization form.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

