



ADMINISTRATION OF MEDICINE FORM

We, the parents/guardians of the following student:

Student's Name _____ Grade _____ Date _____

Give permission to Family of Christ Christian School for administration of the following medicine to the above named student.

Name of Medicine _____ Dose _____ Frequency _____

Beginning Date _____ Ending Date _____

By having signed this agreement, we, the parents/guardians of the above named student, absolve the teachers, staff and all other representatives of Family of Christ Christian School and Church, Family of Christ Christian School, Family of Christ Church, et al, of any and all responsibility for the safety, welfare, well-being, and/or health of the above named student, beyond such matters as may be called reasonable care for children in the custody of a teacher(s) and subject to the teacher's clear instructions. The parent/guardian assumes, personally and exclusively, all responsibility and liability for administration of this medication by Family of Christ Christian Church on behalf of the above named student during the time set forth in this document.

Parent or Guardian Signature _____ Date _____