

3105 West Mercury Blvd  
Hampton, VA 23666



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## Medication Authorization Form

To Whom It May Concern,

I hereby authorize \_\_\_\_\_ to be given over-the-counter medications that are listed below at Faith Outreach Education Center was necessary. I certify that the above named child is not allergic to any medications unless noted below, and hereby release Faith Outreach Education Center from any liability associated with said child being given any of the medication listed below.

(Student's Name)

Anti-bacterial ointment

Hydrogen Peroxide

Anti-itch Cream

Sunblock

All medications are given according to the instructions on the product and according to the child's weight and/or age.

\_\_\_\_\_ My Child is not allergic to any medication.

\_\_\_\_\_ My Child is allergic to the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name