Ironwood Christian Academy PRESCRIPTION AND NON-PRESCRIPTION **DRUG AUTHORIZATION FORM**

Student Name		Inclusive Dates	
I hereby authorize my child's teacher or other person designated by the school to administer the following prescription or non-prescription drug to my child. No drug will be given to any student without this form.			
Name of Drug			
Dosage			
Frequency			
Beginning		Ending	
Parent/Guardian Signature		Date	
All prescription name and direct	•	school in bottles with	the child's name, doctor's
	otion drugs must be broug arents (if not written abov		ed bottles with written e the student's name taped
School Use Only			
Date Given	Time Given	Dosage Given	Initials