



# OKEECHOBEE CHRISTIAN ACADEMY

OkeechobeeChristianAcademy.org

## AUTHORIZATION TO DISPENSE MEDICATION 2019-2020

I hereby authorize OCA Personnel to dispense the following medications to:

\_\_\_\_\_ (Student's First and Last Name)

Time	Medication	Dosage	RX#	Reason for Medication

\_\_\_\_\_  
Physician Signature

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

\_\_\_\_\_  
Date

I have read the parent/student handbook and agree with the policies on "Dispensing Medicine to Students".

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Date

### [FOR OCA OFFICE USE ONLY]

Date	Time	Medication Given	Dosage	Initials

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