

Authorization to Seek Medical Treatment and/or Administer Medications

As it relates to the children listed below, I, _____ (parent's name), authorize the staff of Dayspring Academy to (1) to administer medications as directed, (2) transport to the doctor's office and/or hospital, and (3) exercise insurance privileges at the doctor's office and/or hospital emergency room in the case of illness or emergency.

If your child needs medication (including Tylenol, etc.) you must send a new unopened bottle to school with your child's name on the bottle.

Child's Name

Date of Birth
