

WCA Medication Authorization (2022-2023)

1. Student's Name: _____ Grade: _____

- **List any prescription medications that need to be given on a regular basis while at school.**

Prescription: _____ Time of Day: _____

- **Does this student have any food, environmental or drug allergies? If yes, please list:**

- **I give permission for Websterville Christian Academy (WCA) staff to administer the following medication to my/our student listed above. (Please check all that apply)**

Ibuprofen <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Cough Drops <input type="checkbox"/>	Benadryl <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Insect Repellant <input type="checkbox"/>
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2. Student's Name: _____ Grade: _____

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3. Student's Name: _____ Grade: _____

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