



PARK PLACE CHRISTIAN ACADEMY

PPCA Crusader Care
5701 Hwy 80 East
Pearl, MS 39208
601.939.6229, Option 7
crusadercare@goppca.com

CRUSADER CARE: Permission to Administer Medication

I, _____, give permission for the staff of Park Place Christian Academy Crusader Care Program, PPCA-CC respectively, to administer the following medication to my child, _____. (Child's Full Name)

Prescription Number _____ Prescribing Physician _____

Condition for which medicine is prescribed _____

Refrigeration Necessary? Yes No

Time Medication is to be Administered? _____

Medication Name _____ Dosage _____

Day/Date Medication is to be Administered _____

I understand that staff cannot be responsible for any allergic reactions or complications resulting from this medication which is administered only with my consent and instruction. I further understand that PPCA-CC does not keep on hand any medications or medication dispensers. Therefore, I must send the medication in its original container with an appropriate tool for dispensing the medication.

Parent/Guardian's Signature

Date

Staff Person receiving medication _____

Records for the administering of medication are located on the Medication Log located in the PPCA-CC Office.