



OKEECHOBEE CHRISTIAN ACADEMY

OkeechobeeChristianAcademy.org

AUTHORIZATION TO DISPENSE MEDICATION 2023-2024

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

(Student's First and Last Name)

| Time | Medication | Dosage | RX# | Reason for Medication |
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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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| Date | Time | Medication Given | Dosage | Initials |
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