



Medical Authorization Form

I, _____, parent/guardian of _____,
(name of parent/guardian) (name of child)

in class _____ hereby authorize Renaissance College to administer the
(class name/number)

following medication:

All medication packaging must be clearly labeled in English with the below details indicated:

- Name of medicine
- Dosage
- Route of administration
- Date of prescription from doctor/medical professional

Signature of parent/guardian: _____

Date: _____