

**VERTICAL LIFE CHURCH
VERTICAL STUDENTS MEDICATION ADMINISTRATION RELEASE FORM**

Name of Student: _____

Address: _____

Email: _____ Phone: _____

Grade of Minor: _____ D.O.B _____

Emergency Contact Person: (Name) _____ (Phone) _____

Doctor's Name and Phone #	Name of Medication	Dosage and Frequency

I authorize Vertical Life Church personnel to administer the above listed medication to my child.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____