



**DUNWOODY
CHRISTIAN
SCHOOL**

Medical Release Authorization Form

2026 Summer Day Camps

If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed.

Student's Name: _____ Date of Birth: _____

I hereby request that Dunwoody Christian School, through the designated staff member, administer the following medication to my child according to the instructions listed below.

Condition/Illness requiring medication:

Medication:

Dosage:

Time of Administration: _____

Route of Administration: _____ Stop Medication on: _____



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I understand that:

- Medications must be in the original labeled container.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment for use.
- It will be the responsibility of the parent/guardian to inform the school of any changes.
- New medication or new doses will not be given unless a new form is completed.
- All medication will be taken directly to the receptionist by the parent.
- Unused medication will be disposed of unless picked up within one week after the medication is discontinued.

I release any Dunwoody Christian School employee from any liability for administering this medication.

Cell Phone: _____ Work Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____