

NON PRESCRIPTION MEDICATION PERMISSION FORM

As stated in the Student-Parent Handbook, we must have written parental permission before we will administer nonprescription medication. This includes items like acetaminophen, ointments, cough syrup, etc. The completed form will be kept in your child's file and as the need arises, nonprescription medication will be dispensed to your child. This form must be filled out annually so that dosages match the child's weight and age.

I, _____ (parent or guardian name), give permission to any authorized staff member to administer medication to _____ (student name) as indicated below based on age and weight. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication for my child and to notify Grace Christian Academy immediately if any information provided on this form changes or administration of medication should cease.

Child's Age: _____

Child's Weight: _____

Check all that are approved:

- | | |
|--|--|
| <input type="checkbox"/> Children's Tylenol, liquid | <input type="checkbox"/> Children's Ibuprofen, liquid |
| <input type="checkbox"/> Children's Tylenol, Chewable | <input type="checkbox"/> Children's Ibuprofen chewable |
| <input type="checkbox"/> Tylenol, adult | <input type="checkbox"/> Ibuprofen, adult |
| <input type="checkbox"/> Children's Benadryl, liquid | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Children's Benadryl, Chewable | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Benadryl, adult | <input type="checkbox"/> Topical creams such as anti-Bacterial, anti-itch, and Neosporin |

Parent Guardian Signature _____ Date: _____