

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, you can add permission to dispense nonprescription medication. **This form must be filled out annually, so that dosages match children's weight and age.**

I, _____ (parent/guardian name), give permission to any authorized staff member to administer medication to _____ (student name) as indicated below. I also give permission to contact the student's physician to any authorized staff member with concerns about the medication or the student's condition. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and to inform Grace Christian Academy immediately if any information provided on this form changes, or administration of medication should cease.

Parent/Guardian Signature _____ Date _____

Physician's Name _____ Physician's Phone _____

Medication: _____
Dosage in milligrams: _____
Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

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