2016/2017 Student Medication Information/Permission Form

GCA cannot distribute any medications unless they are provided by the parent.

Student full name:			Grade:							
Due to state laws I know I must provide medication for my student to use. *Any over the counter medications I bring in for my student must be in a new, unopened, original container and I must attach directions to the container. The container and directions must be labeled with the student name *Any prescription medications brought in must be in the original pharmacy container with the label intact showing name and directions.										
Please indi	Please indicate your preferred medication option/s below:									
0	My child has permission to receive the over the counter medications I have provided for them. I have written directions on all of the over the counter medications I have provided.									
0	My child has permission to receive their prescription medication at school. All prescription medication needs to be in the original pharmacy container.									
0	My child needs to use an inhaler. A special permission form for this needs to be filled out, signed by a physician, and filed in the school office.									
0	Please call me before ANY medication is given to my child									
0	My child will be takingin a dose ofin a									
My child has the following allergies: Medication: Food:										
Environmental:										
Print	Print Parent/Guardian Name									
Signature:										
Daytime Phone Number:										
Below and Back for Office Use Only										
Date	Time	Reason	Medication Given	Route	Initials					

Date	Time	Reason	Medication Given	Route	Initials
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