



2018–2019 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 that 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 indicate your preferred medication option(s) below:

- 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.
- My child has permission to receive their prescription medication at school. All prescription medication needs to be in the original pharmacy container.
- 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.
- Please call me before ANY medication is given to my child.
- My child will be taking _____ in a dose of _____
(name of medication) (tablet, tsp, mg, etc.)
every day at school at _____ AM/PM.
- My child has permission to use their own essential oils that I have provided to the school office.

My child has the following allergies:

Medication: _____

Food: _____

Environmental: _____

Print Parent/Guardian Name: _____

Signature: _____ Daytime Phone Number: _____

Below and Back for Office Use Only

Date	Time	Reason	Medication Given	Route	Initials

