



## 2020-2021 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 |
|------|------|--------|------------------|-------|----------|
|      |      |        |                  |       |          |
|      |      |        |                  |       |          |
|      |      |        |                  |       |          |

