

Grace Christian Academy

Student Medication

Information/Permission Form

Student Full Name: _____ Grade: _____

GCA cannot distribute any medications unless it is provided by the parent.

*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 student medications 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 receive acetaminophen.
- I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

My child has the following allergies:

Medication: _____

Food: _____

Environmental: _____

Print Parent/Guardian Name: _____

Signature: _____ Date: _____ Phone Number: _____