

*******RETURN THIS FORM TO THE OFFICE*******

**COMMUNITY CHRISTIAN ACADEMY AUTHORIZATION TO GIVE MEDICATION
2009-2010**

Date _____ Student _____ Grade _____

This form must be completed and on file in the school office before CCA personnel may dispense any medication. Please check which medications we offer that we can give to your child and any special instructions. We will follow the packaged instructions of how much and how often unless you tell us otherwise. **PLEASE return even if you do NOT want us to give medication to your child.**

NONPRESCRIPTION MEDICATION

1. Type of medication we may administer if your child requests: (please check "yes" or "no")

- Acetaminophen 500 mg (e.g., Tylenol) Yes _____ No _____
- Antacid/Calcium Supplement (e.g., Tums) 750 mg Yes _____ No _____
- Cough Drop (e.g., Halls) Yes _____ No _____

2. Dosage(s): (if different from bottle directions)

3. Time dosages should be given: (if different from bottle directions)

If you wish to send your own nonprescription medication, to be kept in the office, it must be in the original container and you must sign that we have permission to administer this medication.

PRESCRIPTION MEDICATION

In order to give prescription medication, a parent must come to the office and fill out a form that will include the doctor's name, phone number, and medication. The medication must be in the pharmacy container. The prescription medication form must then be signed by the parent or guardian.

I hereby request CCA personnel to **NOT** give any medication to my child.

Parent/Guardian Signature _____ Date _____

I hereby request CCA personnel to give medication to my child indicated above. The instructions above should be followed in giving my child this medication. Signing this form shall release Community Christian Academy, staff members, and Board from any liability of any nature that might result from the administration of medication to the student.

Signature of Parent or Guardian

Date