

A SEPARATE FORM MUST BE COMPLETED FOR EACH MEDICATION CHILD IS TO RECEIVE

COMMUNITY CHRISTIAN ACADEMY AUTHORIZATION TO GIVE MEDICATION

I hereby request school personnel of Community Christian Academy to give medication to my child, _____ . The following instructions should be followed in giving my child this medication.

PRESCRIPTION AND / OR NONPRESCRIPTION MEDICATION BROUGHT FROM HOME

All medication must be in the original container.

Doctor prescribing medicine _____

Doctor's phone number: _____

1. Type of medication: _____

2. Dosage: _____

3. Time dosage should be given: _____

4. Reason medication is to be given: _____

5. Reactions or side effects. Please list potential reactions the child might have to the medication and instructions for caring for them. _____

NONPRESCRIPTION MEDICATION PROVIDED BY SCHOOL

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

Acetaminophen (e.g., Tylenol) Children or Adult 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) _____

Signature of Parent or Guardian

Date

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

Signature of Parent or Guardian

Date

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.