

Genesee Christian School
Permission Form for Prescribed Medication and Over the Counter

Please note the following:

1. Medication must be in the original container with manufactures label.
2. Medication should be given to students before or after school by the legal guardian, when possible.
3. Non-Prescription also known as *Over the Counter* medications may only be given according to the instructions printed on the container or the package insert.
4. Please complete a separate form for each medication that is to be given at school.

Student: _____ Date form received by the school: _____

Date of Birth: _____ Grade: _____

Is your child allergic to any food, medicines, or other items? No Yes

(If yes, list allergies and reactions.) _____

Name of Medication: _____

Reason(s) for Medication: _____

Dose/Amount of Medication: _____

Frequency/Time to give Medication: _____

Number of days this medication will be given at school: until the end of the current school year
 _____ days
 _____ weeks

Note any special storage requirements: None
 Refrigerate
 Other: _____

Does your child take any other medication at home or at school? No Yes (If yes, list the medications)

Child's Health Care Provider's Name, Address and Phone: _____

Physicians Name: _____

Address: _____

Phone Number: _____

To be completed by parent/guardian

I request that (name of child) _____ receive the above medication at school according to standard school policy. I understand that all over-the-counter and prescription medication is to be turned in to the office and kept there at all times with the exception of asthma inhalers providing a note from the physician.

Signature of Parent/Guardian _____

Date _____

Print Name of Parent/Guardian _____