

Calvary Christian School – Medication Requisition Form

Child's Name: _____ Date of Birth: _____

Does your child need any medications to be administered to him/her during the school day on a regular basis or in case of an allergic reaction?

Please Circle One: Yes No If yes, please fill out the form below and sign.
If no, please just circle "No".

Permission is valid from 8/14/2017 to 8/14/2018.

One form must be used for each medication. Please make copies of this form as necessary.

The following section must *only* be completed by the parent/guardian.

Check all that apply:

- Prescription Medication
- Topical Product or Lotion
- Non-Prescription Medication
- Food Supplement
- Refrigeration Required
- Modified diet

Complete all of the following information:

Prescribing Provider (if prescription medication): _____ Phone: _____

Pharmacy: _____ Phone: _____

Name of Medication: _____ Exact Dosage: _____

Expiration Date: _____ What is the medication used to treat? _____

Possible reactions: _____

Instructions (include length of time medication is to be given): _____

Parent/Guardian Permission

I, the parent/guardian, of said child:

- give permission for the school to administer the above medication. I also hereby release the School Board and their agents and employees from all liability that may result from my child taking the medication.
- will provide a sealed and labeled container with the above listed medication enclosed to the teacher on the first day of school to be kept in the classroom for the school year. **The container will be labeled with my child's name and the name of the medication.*

(Parent/Guardian Signature)

(Date)