

**B**

**CALVARY CHRISTIAN SCHOOL
PERMISSION TO ADMINISTER MEDICATION**

Student Name: _____ **Grade:** _____ **School Year:** _____

Birthdate: _____ **Age:** _____ **Allergies to Medication?** _____ Yes _____ No

If yes, please list _____ **Epi-Pen?** _____ **Asthma?** _____

Medication Name (<u>CIRCLE</u> below all medications which you give us permission to administer to your child)	Medication Form	As needed, as recommended on package for age, for symptoms of: (<u>CIRCLE</u> all that apply)
Acetaminophen (Generic for Tylenol)	Liquid or tablets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
Ibuprofen (Generic for Advil or Motrin)	Liquid, tablets, or caplets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
Guaifenesin & Dextromethorphan (Generic for Robitussin DM)	Liquid	Cough
Diphenhydramine HCl (Generic for Benadryl)	Liquid, capsule, or caplets	Allergic reaction, hives, itching rash, sneezing, or other allergy symptoms
Pseudoephedrine HCl (Generic for Sudafed)	Liquid, tablets, or caplets	Nasal and/or sinus congestion, sinusitis, hay fever, or other upper respiratory allergies
Cough Drops (Any over the counter brand)	Cough drop	Cough, sore or irritated throat
Calcium Carbonate Antacid (Generic for Tums)	Chewable tablets	Upset stomach, indigestion, or heartburn
Hydrocortisone Cream (0.5% - 1% Anti-itch cream)	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation
Calamine/Caladryl Lotion	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation

In signing this form, I acknowledge that I give permission for the above prescription and/or over the counter medications to be administered to my child as indicated; I further acknowledge that I release Calvary Christian School and its staff members/employees from any liability of any nature that might result from the administration of medication to my student.

If a student comes to the nurse's office three consecutive days requesting the same medication, a phone call will be placed to the parent/guardian before any medication is given.

Signature of Parent or Guardian: _____

Date: _____