

Faith Christian Academy
2017-2018
General Medication Release Form

Student Name: _____

DOB: ____/____/____

Please initial next to any medications that you approve the staff of FCA to administer to your child at the dosage recommended on the packaging. If you do not want the school to provide any of the items listed below to your child, please initial to decline.

_____ Ibuprofen (i.e. Advil)

_____ Acetaminophen (i.e. Tylenol)

_____ Antibiotic Ointment

_____ Cough Drops

_____ Other (specify – parent must provide) _____

_____ I decline permission for the staff at FCA to administer any of the above mentioned items to my child.

Primary Care Physician: _____

Phone: _____

My child, _____, may take the medication(s) listed above. This may be for temporary needs, such as headache or cramps, or it may be an ongoing prescription. I recognize that it is my responsibility as the parent to administer this medication to my child. However, I hereby give permission for a Faith Christian Academy staff member to administer this medication. **I am aware that this medication will not be administered by a trained health care professional.** I will not hold Faith Christian Academy or its employees legally responsible for any problems that may arise from the use or administration of this medication. Any medications provided by the parent must be in a labeled, original container.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Date	Time	Reason	Medication	Dosage	Staff

