

Grace Christian School
Consent for Medication

Student's Name _____ Grade _____ School Year _____

Parent's Name _____ Phone Number _____

- I hereby give permission for my child to keep the following medication in the school office, to be self-administered as needed:

1. _____ 2. _____ 3. _____

- Please check one: _____ My child can self-administer the above medication as needed
_____ I need to be called before my child can take the above medication
- I assume responsibility for my child's self-administration of medication at school.
- I understand that I must bring the medication to the school in a container appropriately labeled by the pharmacy or in the original OTC container, labeled with my child's name.
- I understand that I must pick up the medication at the end of the school year; or if I do not, it will be destroyed two weeks after school ends.
- I have given the first dose of this medication at home and have observed no adverse reactions.

Please complete for students who must carry medication on their person for emergency situations ONLY, as ordered by a physician (such as an asthma inhaler or EpiPen).

1. I feel that my child is responsible and capable of administering his/her own emergency medication as ordered by a physician.
2. I assume responsibility for my child's actions in his/her self-administration of emergency medication at school.

_____ Yes, my child can carry and self-administer emergency medication as needed

_____ No, my child's emergency medication must be stored in the school office until needed

Parent Signature

Date