South Pointe Christian School Permission for School Administration of all Medications

When possible, medications should be given to students before or after school by the parent or guardian. Over the counter medications may be given within the limits and according to the instructions printed on the container or the package insert. Medications should be provided and transported to and from the school by the parent or guardian in the original container. Please note that the school may reject requests for certain medications to be given at school.

Please complete a separate form for each medication to be given at school. If the medication is to be given to more than one of your children, please complete a separate form.

Child's Name	Date of birth		Grade
Is your child allergic to any food, medicines	or other items?	No	Yes (If yes, list allergies.)
Name of Medication:		*Pr	escription OTC
Anticipated Reaction:			

Specific Reason for Medication:	Check appropriate box: # of days to administer Until the end of the school year As needed
Amount/Dose of medication to be given:	Time of day medication is to be given at school.

*Complete the section below for prescription medication ONLY

Child's Health Care Provider's Name and Address:	Office Phone Number
Provider's Signature	Office Fax Number

I give permission for the medication noted above to be given to my child during the school day. I understand that I am responsible for notifying the school if my child's medication/dosage changes.

Signature of Parent/Guardian