

**Genesee Christian School**  
**Permission Form for Prescribed Medication and Over the Counter**

Please note the following:

1. Medication must be in the original container with manufactures label.
2. Medication should be given to students before or after school by the legal guardian, when possible.
3. Non-Prescription also known as *Over the Counter* medications may only be given according to the instructions printed on the container or the package insert.

Student: \_\_\_\_\_ Date form received by the school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Is your child allergic to any food, medicines, or other items?  No  Yes

(If yes, list allergies and reactions.) \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason(s) for Medication: \_\_\_\_\_

Dose/Amount of Medication: \_\_\_\_\_

Frequency/Time to give Medication: \_\_\_\_\_

Number of days this medication will be given at school:  until the end of the current school year  
 \_\_\_\_\_ days  
 \_\_\_\_\_ weeks

Note any special storage requirements:  None  
 Refrigerate  
 Other: \_\_\_\_\_

Does your child take any other medication at home or at school?  No  Yes (If yes, list the medications)

\_\_\_\_\_  
\_\_\_\_\_

**To be completed by parent/guardian**

I request that (name of child) \_\_\_\_\_ receive the above medication at school according to standard school policy. I understand that all over-the-counter and prescription medication is to be turned in to the office and kept there at all times with the exception of asthma inhalers providing a note from the physician.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian