



GRACE RIVER ACADEMY

Permission to Administer Medication

Please use a separate form for each medication.

Grace River Academy exists to provide a classical, Christian education by restoring academic excellence based on God's truth. Students will know their God, know His Word, and know His purposes, transforming their lives spiritual, academically, physically, and emotionally; thus, preparing them to impact their world for Christ.

Student's Full Name: _____

Date of Birth: ___/___/___ Grade: _____ Teacher: _____

Allergies: _____

Student may be administered appropriate dosage of Acetaminophen as needed: Yes No

Parental Consent

I, the parent or guardian of _____, give my permission for him/her to be administered the following prescribed medication while at Grace River Academy. I hereby acknowledge that I have read and understand the regulations relating to the taking of medicine as outlined in the Parent/Student Handbook. I hereby release Grace River Academy and its employees from any claims or liability connected with its reliance on the permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the following licensed prescriber.

Parent/Guardian Signature Daytime Phone Date

Medication Authorization
(For use by licensed prescriber ONLY)

Relevant Diagnosis: _____ Medication: _____

When medication is to be administered at school:

Short term (list dates to be given _____) Everyday Episodic/Emergency Event **ONLY**

Dosage: _____ Route: _____ Form: _____ Time(s) of Day: _____

- Serious reactions can occur if the medication is not given as prescribed. If yes, describe: Yes No

- Serious reactions/adverse side effects from this medication may occur. If yes, describe: Yes No

Special handling instructions: Refrigeration Keep out of sunlight Other: _____

Asthmatic/Diabetic **ONLY**:

This student is both capable and responsible for self-administering this medication:

No Yes (Supervised) Yes (Unsupervised)

This student may carry this medication:

No Yes

Licensed prescriber's name: _____

Telephone number: _____ Emergency number: _____

Licensed prescriber's signature: _____ Date: ___/___/___