

**Grace Community School**

**Parental Request to Administer Medication**

*Any and all medication, whether doctor-prescribed or over-the-counter, must be brought to the GCS office and taken in the office - No exceptions, not even cough drops. No medication is allowed in any classroom, locker, PE locker, or playground.*

Please **print** the following information clearly:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Time(s) of day: \_\_\_\_\_ Duration: \_\_\_\_\_

This is to certify that I have read the physician's recommendations and approve the medicine and medication as set forth herein and request that the school office personnel assist my child in the matters detailed herein. Further I hereby agree to hold harmless and indemnify the Elder School Council, Elders of Grace Church, and all employees of Grace School and/or Church from all claims, damages, or expenses arising out of any injury or death of any person, or damage to property which may result from administering said medication or from harmful effects of the same.

Signature of Authorized Parent/Guardian:

Date: / /

Office Use Only:

Received by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

01/17/02

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Medication: \_\_\_\_\_  Prescription  Over the counter

Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Time(s) of day: \_\_\_\_\_ Duration: \_\_\_\_\_

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Signature of Authorized Parent/Guardian:

Date: / /

Office Use Only:

Received by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

12/18/02