GRACE
CHRISTIAN SCHOOL
Equipping Students for Life

REQUEST FOR MEDICAL ADMINISTRATION

Allergy Action Plan Forms are available online for students with food or other allergies.

Student Name _____ Birthdate _____ Grade _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Phone Number _____

Emergency Contact Information _____

Medication to be administered _____

Dosage to be administered _____

Time or intervals dosage is to be administered _____

Name of Physician prescribing medication _____

Address _____ Phone _____

Date to begin administration _____

Date to cease administration _____

Additional instructions or information _____

_____

_____

_____

I request GRACE Christian School to administer the above medication to my child in accordance with the physician's statement of need and/or my request. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes in the information provided on this form. I understand it is my responsibility to send in an appropriate supply of medication to the school in its original containers. Medication provided to the school in any container other than the original will not be accepted. I understand the school will have limited liability while administering medication to my child in accordance with a physician's statement of need. The school agrees to keep a written log of medication administered to my child in school throughout the current school year.

_____ _____

Parent/Guardian Signature Date of Request