

SUGAR GROVE CHRISTIAN SCHOOL

ADMINISTRATION OF MEDICATION

Student _____ Grade _____

It is necessary that the following medication be administered during school hours in the form and dosage specified in order to maintain this child's physical health and provide maximum school performance.

Diagnosis for which medication is given: _____

Name of Medication: _____

Dosage: _____ Time: _____ Frequency: _____

Form:

- Tablet Liquid Drops Capsule
 Inhalation Ointment Other (specify) _____

Medication must be appropriately labeled and in the original container.

Symptoms which may be caused by the medication:

I hereby grant permission for the designated school personnel to administer the above named medication to my child.

Signature of Parent/Guardian

Date