West Side Christian School

Medication Permission Form

2021/2022

NAME: _____ AGE: _____ GRADE: _____

PARENT'S NAME: _____ DAYTIME PHONE: _____

ALLERGIES: _____

_____

_____

IMPORTANT MEDICAL HISTORY: _____

_____

_____

DR.: _____ DR. PHONE: _____

- *I give the staff of West Side Christian School permission to administer the following medications to _____ as needed for temporary relief of certain symptoms due to minor illness or pain. I will not hold the school or it's staff responsible for any adverse reactions which may occur from the medication.*
- *PLEASE CALL ME BEFORE ADMINISTERING MEDICATION: _____*
- *PLEASE GIVE NECESSARY MEDICATION AS NEEDED . YOU DO NOT HAVE TO CALL FIRST: _____*

YES	NO	ACETAMINOPHEN (TYLENOL)
YES	NO	IBUPROFEN (ADVIL)
YES	NO	BENADRYL (ORAL OR TOPICAL)
YES	NO	THROAT LOZENGES
YES	NO	ANTACID (ASPIRIN FREE)
YES	NO	SINUS TABS (ACETAMINOPHEN & PSEUDOPHEDRINE)
YES	NO	PMS RELIEF (ACETAMINOPHEN, PAMABRON, HYDROCHLORIDE, VITAMINS, MINERALS)

DATE	MEDICATION	DOSAGE	REASON