VENTURE CHRISTIAN ACADEMY

MEDICATION FORM

Date:_____

I give permission for the administration of medication during school hours to my child, and release from any responsibility any person administering same in accordance with medication instructions listed below. In case of a medical emergency, I give permission to Emergency Medical Technicians and Physicians to treat my child.

Medication must be in pharmacy labeled container or original packaging.

STUDENT'S NAME	GRADE	TEACHER	NAME OF MEDICATION

PURPOSE FOR MEDICATION	DOSAGE TO BE GIVEN	TIME OF DAY TO BE GIVEN

PARENT SIGNATURE	HOME PHONE	WORK PHONE	CELL PHONE

DATE	TIME	INITIALS

DATE	TIME	INITIALS