

Haven Christian Academy: Medication Release Form



2010-11

Student Name _____ Birth Date _____ Grade _____

List of Known Allergies _____

I authorize the administration and staff of Haven Christian Academy to administer medications from the following list in accordance with the public instructions accompanying the medication:

(Please check and intial the medications that you grant Haven Christian Academy permission to administer)

- _____ Tylenol
- _____ Ibuprofen
- _____ Benedryl
- _____ TUMS
- _____ Pepto Bismol
- _____ Triple Antibiotic Cream/ointment
- _____ Hydrocortisone Cream

I also understand that all other medication must come from home and be placed in a zipped lock sealed plastic bag that is labeled and contains complete written instructions, signed by a parent or guardian. A student is not allowed to possess any kind of medication while at school (this includes purses, book bags, coats, and lockers) and must turn all medication into the school office immediately, whether it is a prescription or over the counter medication.

Parent/Guardians Signature _____ Date: _____