GRACE CHRISTIAN SCHOOL

9403 Scot Street
Hudson, Fl 34669
Office: 727-863-1825

MEDICATION RELEASE FORM 2017-18

Name of Student _____ Date of Birth _____

Address _____
Street City State Zip

OVER THE COUNTER MEDICATION: Check put a check mark beside each authorized medication.

	Medication Name	Dosage	
	Acetaminophen		
	Tylenol		
	Advil		
	Motrin		
	Cough Drops		
	Claritin/Generic _____		
	Midol/Generic _____		
	Other:		

FOR PRESCRIPTION MEDICATION:

A written statement must be received from the licensed prescriber detailing the method of taking the medication, the dosage and the time schedule to be observed. Medication must be delivered to the school by the parent or guardian and must be in an appropriate container that is properly marked by the pharmacy or manufacturer.

	Medication Name	Dosage	Duration

I/we hereby authorize the personnel of Grace Christian School to administer the above named medication(s) as needed by my child(ren).

I/We hereby agree to indemnify and hold forever harmless Grace Christian School of Hudson, Fl, the administration and its officials, agents and employees against loss from any and all claims, demands, or actions in lay or in equity that may hereafter at any time be made or brought by said minor or by anyone on behalf of said minor for the purpose of enforcing a claim for damages on account of any injuries or loss sustained in consequence of the aforesaid assistance, and I/We do hereby waive any and all right of exemption, both as to real and personal property, to which we may be entitled under the laws of this or any other state as against such claim for reimbursement or indemnity.

Please read the above carefully before signing. No child will be assisted in taking medication until this form has been signed and delivered to the school.

_____ _____
Parent/Guardian Signature Date Contact Number

_____ _____
Parent/Guardian Signature Date Contact Number