

Union Christian Academy

Student Medication Form 2018-2019

The office staff of Union Christian Academy has my permission to administer the medications indicated below to _____ as needed for temporary relief of appropriate symptoms.

Please circle **YES** or **NO** for each medication

YES NO Acetaminophen (Tylenol)

YES NO Ibuprofen (Advil)

YES NO Benadryl liquid or 25 mg. Tablet

YES NO Antacid – Pepto-Bismol (Aspirin Free)

YES No Cold & Sinus (over the counter)

YES NO Other _____

When your child has a prescription medication that must be administered during school hours, please make sure it is in a bottle marked with the child's name and directions on when and how much to administer.

You may provide your child with any of the above mentioned over the counter medications by putting your child's name on bottle and turning in to the office.

ALL MEDICATIONS MUST BE TURNED IN TO THE OFFICE

Date

Parent/Guardian Signature

