

Christ Classical Academy

Medication Use Form

This form is designed to assure parents and protect children in need of receiving medication during school or school activities and to assure appropriate handling of such needs. We encourage parents to administer all medications at home. However, CCA will administer prescribed medication or over the counter medicines when needed **only if this form is completed and signed.**

Student Name _____ Grade _____

School: Christ Classical Academy

I hereby give my permission to the staff at Christ Classical Academy to dispense medication prescribed by Dr. _____ for my child.

Name of medication and dosage and the condition in which this medication was prescribed.

If this medication has any side affects please list. _____

If you would like to send some over the counter medicine to leave at school please put in a Ziploc bag with your child's name on the outside.

Signature of Parent or Guardian _____ Date _____