



## Christian Academy Schools

2151 W. Russell Rd. Sidney, Ohio 45365  
Phone: 937-492-7556 Fax: 937-492-5399

*Our Mission is to Equip and Inspire Students to be a New Generation of Christ-Centered Leaders*

### Parent/Guardian Request for Non-prescribed Medication by School Personnel

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby request and give my permission to the principal or a designee (nurse, secretary, teacher, or other responsible trained person) to administer the following medication to my child:

Name of Drug \_\_\_\_\_ Dose \_\_\_\_\_

Times \_\_\_\_\_

Beginning date of request \_\_\_\_\_

Expiration date of request \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parents MUST Send Medication to School in its Original Container**

Note: The parent/guardian of the child must assume responsibility for informing the principal or a designee (nurse, secretary, teacher, or other responsible trained person) of any change in the child's health or any change in the non-prescribed medication. Any change to the above non-prescribed prescription (dosage or administration) will require the completion of a new form.

\_\_\_\_\_  
School Official's Signature (Acknowledging Receipt)

\_\_\_\_\_  
Date