



(a ministry of Christian Life Church)

Medication Permission Form

We realize there may be a time where a child will ask for medication for one reason or another. These times include (but are not limited to) headaches, stomachaches, toothaches, cuts and scrapes, sore throats, coughs and colds. We want to be able to help out where we can and are willing to administrate medication to your child if you want us to. If you would rather us call you before giving medication, please indicate below. It has been our experience that some children ask for medication more than others and if we need to address this at a later time, we can do so.

The staff at Calvary Christian learning Center have permission to give my child the indicated medication:

Name of Student _____

Medication allowed (age/weight appropriate):

Acetaminophen (Tylenol) Y / N

Ibuprofen (Advil, Motrin) Y / N

Cough Drop Y / N

Benadryl Cream (on itchy spots) Y / N

Benadryl Oral Medication (pills or liquid) Y / N

(emergency measures only)

Pepto Bismol Y / N

Neosporin /BandAid Y / N

Parent or Guardian's signature: _____

Date: _____

Date Received by Administration: _____

Receiving Staff signature: _____