



Medication Release Form

Trained campus staff will assist your child with medications. The medication must be in the original container and properly labeled with the student's first and last name and birthdate. Medications are to be brought to the school office by the parent/guardian.

GCA personnel are not responsible for any ill effects which might occur from this medication. Any changes to instructions below must be given in writing.

Note: If the medication is a prescription, ask your pharmacist to prepare two labeled containers: one for school and one for home. **The very first dose of this medication for current condition/illness may not be given at school.**

Parent/guardian, please complete the following:

Student name _____ Date of Birth _____

Teacher name _____ Grade _____

Parent/guardian name _____ Cell Phone _____

Name of Medication _____

Dates medication is to be given: From _____ To _____

Time(s) to be given at school _____ Dosage _____

How is medication to be taken? _____

When was first dose of medication given? _____

Reason or health issue _____

Possible Adverse Reactions _____

Additional information _____

Parent/guardian signature _____

Date: _____