

MEDICATION PERMISSIONS FORM

Student Name _____ Grade _____

Non-prescription medication will NOT be administered to any student WITHOUT parent or guardian consent with prior written permission. If you allow your child to take Tylenol or other over-the-counter medications, please send a bottle, clearly labeled with his or her name, to the school, along with the permission slip below.

I, _____ parent/guardian of _____
give my permission to Glenforest School to administer to my child the following non-prescription medication/s (*please list*):

The following medications are given at home:

For the following reasons:

Please describe all known adverse physical, medical or allergic reactions to any medications:

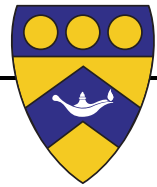
In case of emergency, or in the event that I cannot be reached please contact:

(First Name) (Last Name) (Initial)
Phone# _____ Cell# _____

Parent/Guardian Signature Date

In case of emergency, I give Glenforest School permission to transport my child, via whatever means deemed appropriate by its employees, to the closest hospital.

Parent/Guardian Signature Date



STUDENT MEDICAL INFORMATION

Student Name _____ Grade _____

Physician Name _____

Physician Phone _____

Physician Address _____

Insurance Provider _____

Primary Policy Holder Name _____

Policy/Group ID Numbers _____

Allergies:

Physical/Medical Reactions:

Physical Conditions (i.e. wears eyeglasses, frequent headaches, etc.)

Medications child takes, dosages and usages (*include all prescription and non-prescription medications*)

