



Gahanna Christian Academy

Home of the Soaring Eagles

"Inspiring students to soar by developing wings."

PERMISSION FOR ASSISTANCE IN THE DISPENSING OF MEDICATION

I hereby request and give permission to the principal or his delegate to administer to:

Student's Name: _____ Grade: _____ Teacher: _____

I agree: (1) to ask the physician if it is necessary to give the medication during the school day; (2) to deliver the medication to the school; and (3) submit new parent and physician forms if I change physicians or if the medication, the dosage or the procedure is changed or eliminated.

I understand and acknowledge that school personnel are under no obligation to render the assistance requested and that such assistance may be rendered by an employee of the school who is not medically trained. I hereby release Gahanna Christian Academy, its official's employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested.

Signature of Parent or Guardian

**PHYSICIAN'S REQUEST FOR THE ADMINISTRATION
OF MEDICATION BY SCHOOL PERSONNEL**

_____ in under my care and should receive
Name of Student

_____ at the following times: _____
Name of drug, dosage, and route

Specific instructions for administration: _____

Expiration date of this request: _____

Physician's Signature

Date

Physician's Telephone Number