Greater Portland Christian Academy

A Bible based education with a biblical world view.

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Medication Administration Form

Prescription medication: In the event medication must be administered to any student the following procedures will be followed.

1. Medication must be brought to the school office by a parent and a Medication Administration Form must be completely filled out and signed.

2. Prescription medication must be in its original container with the child's name and dosage on the original label.

3. The prescription label must match parents written instructions on the medication form.

Student's Name: _____Date: _____

I, _____(Parent/Guardian) give permission to the GPCA Staff to administer the following medication at school as instructed below.

Medication: _____ Dose: _____

This medication is to be given for _____ days, beginning on _____and

ending on _____.

_____
Parent/Guardian Signature

Medication Log - to be filled out by GPCA Staff

Date	Time	Dose Given	Staff Initial