



# Geneva Classical Academy

*A Uniquely Classical, Distinctively Christian Education for K-12*

## Medication Release and Authorization For Prescription and Over the Counter Medications

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

### Medication Release:

The undersigned, parent or legal guardian of the student referenced below, hereby directs Geneva Classical Academy, Inc. to administer medication listed below to the student upon the following terms and conditions:

1. I understand that the faculty and staff of GCA are not trained medical personnel and that we are requesting GCA to accommodate our student in the administration of medication.
2. I do hereby release and forever discharge GCA, its employees and agents, from any and all liability claims and causes of action, which the students or we have or may have against GCA as a result of the dispensing of medication to the student, including as a result of the failure to dispense medication or dispensing incorrect dosages.
3. GCA is authorized to withhold any medication if the student exhibits behavior or symptoms which cause GCA staff to be concerned regarding the student's medical condition, in which event GCA shall attempt to contact the parent or otherwise see medical attention as the school deems appropriate.
4. The undersigned has read and understands and agrees to the Medication Policy of the school and acknowledges that I have the alternative to otherwise arrange for the administering of medication to the student.

Please CIRCLE any of the following first aid products that GCA is permitted to administer child if needed:

Band-Aids      Neosporin      Peroxide      Tylenol      Motrin      Benadryl Cream

List ANY OTHER over the counter medications that are permitted: \_\_\_\_\_

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization and instructions to administer prescription or over the counter medication:

Any prescription or over the counter medication brought in by a parent to be administered to a student must be in a current, original, and properly-labeled container and have specific instructions included below.

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Other instructions: \_\_\_\_\_

Contact Information: Home \_\_\_\_\_ Cell 1 \_\_\_\_\_ Cell 2 \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_