



WILMINGTON CHRISTIAN ACADEMY

Educating For Excellence - Heart. Mind. Soul.

Request for Adminstrating Medication to a Child at School 2023-2024

I am the parent/guardian of _____. I am requesting that the following medication be given to this student using the instructions described by the physician. I do hereby release Wilmington Christian Academy and any persons, employees, etc. designated by Wilmington Christian Academy from and against any and all claims, demands, or causes of action by any person for loss, cost, injury, or damage alleged to rise from or out of the administration of medical services as requested and authorized below. I am fully aware that such medication may be, by necessity, administered by medically untrained personnel or volunteer.

Parent/Guardian Signature

Date

Please print in ink or Type and complete all blanks:

Student Name:		Grade:	
Address:		Phone:	
City:	State:	Zip:	
Name of Medication to be administered:			
Dosage of Medication:			
Times at which medication is to be given:			
Date to begin:		Date to end:	
Adverse reaction to be reported:			
Physician Signature:			
Physician Phone:		Date:	