



NORTH HILLS CHRISTIAN SCHOOL

EQUIPPING HEARTS AND MINDS OF STUDENTS TO IMPACT THE WORLD FOR CHRIST

PERMISSION TO TAKE MEDICATION

This form provides North Hills Christian School with permission to give a student a medication. ***This form must be completed for each medication drug.***

Student's Name: _____ Grade: _____

I hereby give my permission for the above named student to receive the drug listed below during school hours. I understand that this medication must be kept secured with the teacher in the original bottle. The teacher will administer the prescribed dosage at the appropriate time. I further certify that in cases involving prescription medications, the medications have been prescribed by a licensed physician. I hereby release the School Board and employees from any and all liability that may result from my child taking the prescribed medication and agree to hold harmless North Hills Christian School and its employees from any legal action resulting from proper or improper use of this medication.

Prescription Drug Name: _____

Dosage: _____ Time(s) to administer the dosage: _____

Parent's Name (please print) _____

Parent's daytime phone number _____

Parent's Signature _____ Date _____

Principal signature _____ Date _____

PLEASE RETURN THIS FORM THE FIRST DAY OF SCHOOL



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