



**Student Information**

Student Name: \_\_\_\_\_

Medication Allergy: \_\_\_\_\_

Medication(s) Taken Daily (if applicable): \_\_\_\_\_

Grade Entering: \_\_\_\_\_

**Medication List**

The following listed medications will be provided by Granville Christian Academy, kept in the Nurse’s Clinic, and available for administration to students at the discretion of the Nurse. Please mark your medication preferences for your child(ren) below. Additionally, in the blank spaces provided list any over-the-counter medications you would like to provide in the original container (NOT EXPIRED), to be kept in the Nurse’s Clinic for administration to your child(ren) as needed.

Do you wish to be notified BEFORE any medications are administered to your child? \_\_\_ Yes \_\_\_ No

<b>Approved to Administer</b>	<b>Medication</b>	<b>Dosage</b>	<b>Indications, Times, Frequency</b>	<b>Previously administered with no adverse reactions?</b>
___ Yes ___ No	Antiseptic Wipe (Benzalkonium Chloride)		For cleaning minor abrasions/cuts when soap and water not available	___ Yes ___ No
___ Yes ___ No	Antibiotic Ointment (IE: Neosporin)		For minor cuts, abrasions, as needed	___ Yes ___ No
___ Yes ___ No	Aloe Gel		For minor burns or skin irritations, as needed	___ Yes ___ No
___ Yes ___ No	Anbesol or Oragel (Benzocaine)		For mouth pain/sores, as needed, max 3x per school day	___ Yes ___ No
___ Yes ___ No	Benadryl Cream (Diphenhydramine HCL)		For itching associated with minor rash	___ Yes ___ No
___ Yes ___ No	Calamine Lotion (with Zinc Oxide)		For itchy skin irritation, esp. poison ivy	___ Yes ___ No
___ Yes ___ No	Cortisone Cream 1%		For itchy skin irritation, inflammation, 2-3x per school day	___ Yes ___ No
___ Yes ___ No	Eye Wash (Sterile Water) or Artificial Tears (Sterile Saline)		For foreign body in eye, or dry, itchy eyes	___ Yes ___ No
___ Yes ___ No	50% Hydrogen Peroxide or Isopropyl Rubbing Alcohol		For cleaning wounds or drying rashes such as poison ivy	___ Yes ___ No
___ Yes ___ No	Petroleum Jelly		For chapped lips or skin	___ Yes ___ No
___ Yes ___ No	Vicks Vapor Rub		For stuffy nose and congestion	___ Yes ___ No
___ Yes ___ No	TUMS or Calcium Carbonate Antacid 300 – 500 MG	1 – 2 tablets	For upset stomach and indigestion	___ Yes ___ No
___ Yes ___ No				___ Yes ___ No

**Additional medications if your student is entering grades 6<sup>th</sup> – 12<sup>th</sup>**

<b>Approved to Administer</b>	<b>Medication</b>	<b>Dosage</b>	<b>Indications, Times, Frequency</b>	<b>Previously administered with no adverse reactions?</b>
___ Yes ___ No	Acetaminophen 325 MG per tablet			___ Yes ___ No
___ Yes ___ No	Ibuprofen 200 MG per tablet			___ Yes ___ No
___ Yes ___ No				___ Yes ___ No

**Over-the-Counter Medication Release**

This written permission and release form MUST be on file before any medications are given. Granville Christian Academy (GCA) policy prohibits students from carrying and self-administering any Over-the-counter (OTC) or prescription medications. GCA policy does allow an exception to this rule for students to carry an epi-pen, inhaler or insulin with the proper forms signed by physician and parent on file in the Clinic. Additional OTC medications sent from home must be brought to school by the parent in the original container, clearly labeled with the child’s name, and given, with this completed form, to the Nurse to be kept in the Clinic. Please do NOT send medication in baggies or other non-labeled containers. It must be in the original container. An exception may be made for cough drops brought to GCA in the original package, with the child’s name marked. GCA will not be providing cough drops to students due to the choking risk. With parent written permission and teacher approval, cough drops may be kept in the teacher’s desk to be administered by the teacher as needed. In addition to this written permission being on file, if a staff member other than the Nurse who has been trained to administer medications, or an R.N. employed by or volunteering as a substitute nurse is administering medication to a student, they may call you for verbal parental permission before giving any OTC medication.

I/We hereby request and give my permission to GCA’s Nurse, or licensed nurse employed or volunteering at GCA, or a trained staff member of GCA to assist in administering medication to my child. I/We understand and acknowledge that school personnel are under no obligation to render the assistance requested and that such assistance may, in the absence of the Nurse, be rendered by a staff member of GCA that does not have licensure in medical training. The Nurse may determine, based on professional judgment, whether or not an OTC medication should be administered at school. The Nurse may refuse to give any medication that exceeds the manufacturer’s recommendations for dosing or any herbal supplement not regulated by the FDA, or any substance with unknown ingredients. I/We release GCA, its School Board, its officials and employees, including the Nurse and the Principal’s designee, from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of the assistance requested.

Parent/Guardian:

Parent/Guardian:

Date:

\_\_\_\_\_

\_\_\_\_\_

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Return completed form to:  
 Granville Christian Academy: Attention Enrollment and Marketing Director  
 1820 Newark Granville Road  
 Granville, Ohio 43023

Applications can also be completed online at [www.granvilleca.org](http://www.granvilleca.org).