

Jacksonville Christian Academy
PARENT / GUARDIAN
MEDICATION PERMISSION FORM

A student may have a minor illness that does not prevent his / her attending school but which requires medication for relief or cure. If possible, such medication should be taken at home, prior to coming to school. However, if symptoms occur while at school, we will make an attempt to contact the parent for permission to administer Tylenol/ Ibuprofen to the child.

Permission is granted for personnel of the Jacksonville Christian Academy to administer the following dosage of Tylenol/ Ibuprofen to my child _____ while at school.

Dosage _____ mg per dose _____ not to exceed _____

_____ Medication may be administered ONLY after contacting parent.

_____ Medication may be administered without contacting parent.

Parent / Guardian Signature: _____ Date: _____

Additional Comments/Allergies:
