
MEDICATION FORM



METROLINA
CHRISTIAN ACADEMY
ESTABLISHED 1992

Below is your child's Permission to Administer Medication Form. As it states in the Parent/Student Handbook, we cannot give out any medications unless they are sent from home in the original container accompanied by this completed form. (This includes Tylenol or Ibuprofen for occasional headaches.) When filling out the form please be sure and indicate the amount of medication that can be given.

Please send the medication with the form and we will keep it locked in the Upper School Office or the Lower School Office. Your child can come to the receptionist at any time to get the medication as needed. The only medications that students can keep with them are inhalers or an EpiPen, as long as a medication form is kept in the school office. Thank you for your help in this matter. If you have any questions, please call us at 704-882-3375.

Agreement:

Metrolina Christian Academy recognizes that students may have health challenges such as severe allergies, chronic illnesses, and other physical limitations. With this in mind, MCA will do all it can do to provide reasonable accommodations. However, Metrolina Christian operates as a shared facility with First Baptist Church Indian Trail, therefore parents must understand the limitations for a multi-purpose facility. MCA issues a statement of release of liability for the school, its employees, and volunteers. The well-being of our students, families, volunteers, and staff is of utmost importance to Metrolina Christian Academy and we are committed to providing a secure learning environment for your children. While we will follow reasonable protocols to offer a safe and healthy school setting, there is no guarantee of a germ or virus-free environment. This release acknowledges the partnership with parents to educate teachers, students, and other parents of student medical diagnosis with an understanding that MCA cannot assume responsibility for illnesses and shall have no liability for the death or bodily injury arising from the student suffering a reaction/symptom to said medical issue, including COVID-19, while attending MCA.

In the event that my/our child suffers a serious allergy attack, diabetic reaction, or illness while in the care or custody of MCA, I/we authorize MCA to administer medication orally or through the use of an injection, Epi-Pen or such other method as I/we have made available to the School or to take such other action, including calling 911, as is reasonably necessary to remedy or abate the situation. I/we waive the right to any suit or complaint, claim, charge, demand or damages against MCA and/or any employee, teacher, staff member, arising from the efforts to abate or remedy an allergic reaction, diabetic reaction, or emergency related to my/our child's health condition.

2024-2025 PERMISSION TO ADMINISTER MEDICATION

I give permission for my child to be given the following medication:

Student Name

Name of Medication

Medication Expiration Date

Dosage

Dates to be Given

Times to be Given

Special Instructions

____ Dr. Provided Medical Action Plan Attached

Possible Reactions

Parent Signature

Date