

GROVE CITY CHRISTIAN SCHOOL
Non-Prescription Medication Authorization

Purpose: To permit Grove City Christian School nurse or authorized personnel to administer non-prescription medication during school hours.

Name of student: _____

Medication: _____

Note: Parents must provide non-prescription medications in the original container.

Specific instructions/purpose: _____

Dosage: _____

I release and agree to hold Grove City Christian School, its officials and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent or Guardian _____ Date _____

Home Telephone _____ Work Phone _____