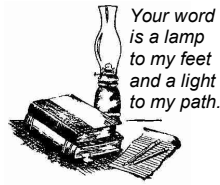


# Milford Christian Academy

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**Learning to live for something greater**

Pastor Kyn Gdanian, School Chaplain  
Paul Sontag, School Principal  
Susan Voskuil, Elementary Dept Head  
Trisha Dion, Business Manager

## Medication Request Form

I request that a school staff member assist my child, \_\_\_\_\_  
Name

in taking the medication prescribed by Dr. \_\_\_\_\_  
(Not necessary if over-the-counter medication)

beginning \_\_\_\_\_ and ending \_\_\_\_\_ or as needed.  
(Begin date) (End date)

The medication has been brought to school in a properly labeled container (name of child, name of medication) and given to the office to be put in a locked cabinet along with this completed form.

1. Name of Medication: \_\_\_\_\_
2. Dosage: \_\_\_\_\_
3. Times: \_\_\_\_\_
4. Side Effects: \_\_\_\_\_
5. Recommendations by Dr. (if any): \_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian/student (if 18 years old or older), authorize the Principal to direct or assign a member of the school staff to assist the above-named student in taking this medication and agree that I will not hold the school or staff member responsible for my child taking said medication.

\_\_\_\_\_  
Signature of parent/guardian/of-age student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number