

THE CHRISTIAN ACADEMY

Educating the Mind, Body and Soul

2026-2027 School Year

Authorization for Administration of Medication/Health Form

Written permission must be provided from parents/guardians when asking school staff to administer medications or provide medical treatment to your child.

Child's Name _____

Date of Birth _____ Grade _____

Primary Care Physician _____

Physician Address & Phone _____

Insurance Company _____

Name of Insured on policy _____

Policy #/Group # _____

My child has the following **medical concerns/allergies**:

My child takes the following **medications/reason**:

I give permission to The Christian Academy to give my child Acetaminophen or Ibuprofen for minor aches if needed. I release school personnel from liability in the event of any adverse reactions resulting from taking this medication.

*The school does not assume responsibility for any situation that may occur as a result of false information or lack of information. This health information may be shared with school staff as needed. If you do not want this health information shared, please contact the school office.

In case of a medical emergency, I give The Christian Academy permission to seek immediate medical care for my child which includes personal or EMS transportation to the local hospital at parent expense. If the situation warrants immediate care and time is a factor, 911 will be called first.

Parent/Legal Guardian Signature: _____

***In case of an immediate emergency, please list in order whom you would like staff to contact.**

1. _____
Name Relationship Phone Number

2. _____
Name Relationship Phone Number

3. _____
Name Relationship Phone Number

4. _____
Name Relationship Phone Number