



Covenant Christian School

All knowledge through Christ

Medication Alert Form

NOTIFICATION AND REQUEST FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

To be completed by Parent or Guardian

I request that my child:

_____ in Year _____
(Full name of child)

Be given assistance with the administration of the following medication(s):

MEDICATION	DOSAGE	FREQUENCY	DATES REQUIRED

The medication has been prescribed for the following reason(s):

I hereby give permission for the School Nurse / Office Staff to assist with the administration of the above listed medication(s).

Signed _____
(Parent / Guardian)

Date _____