



## CONSENT FOR MEDICAL TREATMENT FORM

2024/2025

Child's name	DOB	Grade	Allergies	Dr name and phone number	Insurance Co & Policy #

I, the parent or guardian of above listed students, give my permission to Grace Christian School to seek medical treatment with a licensed doctor, physician, or emergency treatment center to administer the necessary attention and aid IMMEDIATELY to my child should he/she become injured or sick while participating in a school sponsored event.

Examples of these emergencies include, but are not limited to:

- Fainting/unconsciousness
- Anaphylaxis
- Severe allergic reactions
- Bodily injury
- Any other incident that would require treatment beyond basic first aid

I understand that every effort will be made to reach me should the nature of the injury or illness warrant it. I agree to release from liability and hold harmless all school personnel and Grace Christian School.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_



## PERMISSION TO SELF-APPLY 2024/2025

I, \_\_\_\_\_, the parent/guardian of

\_\_\_\_\_  
give permission for my student to use the following parent provided, FDA approved,  
over-the-counter *topical* substances:

- 1. Antibiotic ointment**
- 2. Itch cream**
- 3. Lip Balm**
- 4. Lotion**
- 5. Sunscreen**
- 6. Insect Repellant**
- 7. School Provided Hand Sanitizer/Alcohol Wipes**

I understand that my student will need to apply these topical substances and that my student knows not to share this with any other students.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICATION ADMINISTRATION PROCEDURE FOR PARENTS

The following procedures are in line with the current federal and state requirements for medication administration in all school types.

### Definitions:

“Medication” includes both prescription and non-prescription medications, including those taken by mouth, taken by inhaler, which are injectable, applied as drops or ointment to the eye or nose, applied to the skin, or any other form prescribed by a physician. These include over-the-counter (OTC) medications such as pain relievers, cough suppressants (including cough drops), nasal decongestants, upset stomach medications, etc. excluding OTC topical substances (refer to Permission to Self-Apply, Form MED-3, for list).

Medication Administration Monitor: Beth Corwin, 269.463.5545 ext. 114,  
[bcorwin@gcspatriots.com](mailto:bcorwin@gcspatriots.com)

1. Medications administered at school shall be restricted to only medication that must be administered during the school day. [Parents/guardians should administer medications at home when possible.](#)
2. Parents/guardians must complete the Consent for Medical Treatment Form (Form MED-2).
3. Permission to Self-Apply (Form MED-3) may be completed to give consent for the application of FDA approved OTC topical medications.
4. The first dose of a newly prescribed medication may not be administered at school, except for emergency medications such as epinephrine autoinjectors (EAs). Parents must let the Medication Administration Monitor know when the first dose of a new medication is given and communicate any potential side effects.
5. All medications may only be administered by trained staff. Medications will be kept in a locked cabinet at all times (with the exception of EAs). Expired medications will be returned to parents within one month of expiration. GCS will not administer expired medications.
6. A Medication Administration Authorization Form (Form MED-4) must be signed by the student's licensed medical practitioner for the administration of each prescribed or over

the counter (OTC) medication, including cough drops and other medical remedies, during school hours and at school-sponsored events, including off-campus events. The Medication Administration Authorization Form (Form MED-4) shall be renewed annually and signed by the licensed prescriber. Changes in the order or discontinuation of the order must be in writing from the licensed prescriber. Written instructions from a physician, which includes the name and birthdate of the student, name of the medication, dosage of the medication, route of administration, and the time the medication is to be administered to the pupil shall accompany the request and be kept on record by the school. A separate Medication Administration Authorization Form (Form MED-3) must be on file for each medication.

7. Medication must be delivered to authorized personnel by a responsible adult (whenever possible, a parent) in an original pharmacy labeled container or unopened manufacturer's package. Medication may not be delivered directly by the student. Medication is counted and documented on the Medication Administration Log (Form MED-9) upon receipt. This document will then be signed by the school staff member and adult delivering the medication.

8. Any changes to the medication dosage or time of administration will not be made without written instructions from the physician or authorized prescriber after the initial request.

9. Parents/Guardians are responsible for resupplying all medications. Grace Christian School will not supply any medications to students for any reason. All medications for students must be supplied by the parents and must have the required Medication Administration Authorization Form (Form MED-4) in order to be administered to the student.

10. All medications left at the end of the year must be picked up by the parent/guardian within one week of the end of the school year. All medications left after this will be discarded or destroyed per local ordinances.

11. If a student has an adverse reaction to the medication, we will notify parents immediately. We will also call 911 if the reaction is severe.

12. Students may self-carry emergency medications, such as emergency inhalers, epinephrine auto-injectors, and glucagon, if the following requirements are met:

- a. The parent/ guardian understands that medication may be given without supervision.

- b. The parent/guardian, the prescribing physician, and the principal have determined the student is capable of self-carrying and will be responsible with the medication.
- c. The prescribing physician has signed the Medication Administration Authorization Form (Form MED-4) allowing the student to self-carry. The Form must specifically state that the student may self-carry.
- d. The student's teachers must be made aware that the student is self-carrying medication. The teachers must also be given training in case the student is unable to self-administer the medication.
- e. Any misuse of medication that violates the policies- such as irresponsibility, selling of medication, mishandling of medication, or giving away of medication- will result in revocation of self-carry permissions. Building administration may disallow self-carrying abilities if it is deemed necessary for the safety of the student population. Parents/guardians and the prescribing physician will be notified immediately if self-carry permissions are withdrawn.
- f. Emergency Medication Self-Carry and Self-Administration Care Plan (Form MED-5) must be completed for each emergency medication that a student is self-carrying. This plan must include how the student will record self-administration and when the student must seek assistance. For emergency auto-injectors, see point g.
- g. The Food Allergy & Anaphylaxis Emergency Care Plan (Form MED-6) must be completed by a healthcare provider when a student is self-carrying an emergency auto-injector.