



COMMUNITY CHRISTIAN SCHOOL

PO Box 780 • 1719 S Mt Olive St • Siloam Springs, AR 72761

PHONE: (479) 373-1049

EMAIL: info@ccs-siloam.com • WEBSITE: www.ccs-kings.com

Medication Consent Form

Child's Name _____

PLEASE CHECK ONE:

I DO NOT give C.C.S. permission to give my child any medications.

I would like to be called BEFORE my child receives any of the below listed medications.

It is NOT necessary to call me before giving my child any of the listed medications.

I, _____, give Community Christian School permission to give my child the following medications when needed:

PLEASE NOTE:

If you send medication with your student and it is not on the above list, it will need to be added along with instructions BEFORE we administer it.

We keep a record of all medication given to each student.

If an accident occurs, an accident report will be provided to the parent. The report will list any medication that was dispensed to the student.

We make every effort to keep cough drops, stomach relief, junior acetaminophen, and Ibuprofen in the office, but occasionally run out. If you send any of these medications with your student their name will be written on it and kept in the office.

Of course we do keep general first aid and it is not necessary to list those above.

 /

 /

Parent/Guardian Signature

Date