



GLPC Prescription Medicine Administration Form

Please complete this form and return to Tyler Henderson with prescription drugs in a Ziploc bag. Use ONE form for EACH student. In order to ensure safe and clear administration of medicine to your son/ daughter, the following information is required:

Student Name: _____

Parent/ Guardian Name: _____

Parent/ Guardian Phone Number: _____

Prescription Name	Dosage	Doctor	Phone	Times To Be Taken
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1. _____

2. _____

3. _____

4. _____

I give Tyler Henderson and/or a designated Grand Lakes Presbyterian Church chaperone permission to administer the above prescription medicines to _____, according to the directions stated on the bottle and instruction written above.

Parent/Guardian Signature

Date

Designated Chaperone (If Applicable)