



# GLPC Prescription Medicine Administration Form

Please complete this form and return to Ryan Cook 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
-------------------	--------	--------	-------	-------------------

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give Ryan Cook 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)