If your child takes long term medication, have this form filled out by a physician, and bring to the BCS nurse's office prior to the first day of school.

Bracken CHRISTIAN SCHOOL
educating for eternity

PERMISSION TO RECEIVE LONG TERM MEDICATION FORM

Must Be Completed By Physician

Name of Student _____ Date of Birth _____

Name of Medication _____

Specific time(s) and dose(s) to be given at school _____ and

Length of time _____

Side effects: _____

Is this condition contagious? _____ Yes _____ No

Are there any restrictions? _____ Yes _____ No

Is student permitted to carry and self-medicate: _____ Yes _____ No

If yes, what and how long: _____

_____

Name of Physician _____ Phone _____

Signature of Physician _____ Date _____

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To Be Completed By Parent

I, _____, give permission for my child to receive the above medication as directed.

Parent's/Guardian's Signature: _____ Date: _____

Phone: _____

*****This Form Must Be Updated Annually*****