

# Valiant Christian Academy Over-the-Counter Medication Form

As a courtesy to the students at V.C.A., the office will keep a supply of over the counter medications such as non-aspirin pain relievers (Tylenol and ibuprofen, or their generic equivalent) or Tums (or its generic equivalent). If you would like for your child to be able to have these types of medications administered to them without having to give your permission every time it is needed, please fill out the following form and present it to the school office to be kept on file.

I, \_\_\_\_\_, authorize the staff of Valiant Christian Academy to administer an over-the-counter medication or their generic equivalent to my child \_\_\_\_\_, on an as needed basis as part of a basic first aid for headaches, fever and other types of minor pain.

I understand that the medication will be given in the recommended dosage for my child and only as necessary. Additionally, if my child asks for a pain reliever frequently, the school will notify me by phone that my child needs to be seen by a doctor for their specific complaint of pain.

**To avoid any potential allergic reactions, please circle which medication you wish to be administered to your child. If any is acceptable, please indicate by circling all.**

**Ibuprofen                      Non-Aspirin (such as Tylenol)                      Tums**

I hereby release V.C.A. and its staff from any liability as a result of complications regarding this type of medication.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please do not administer any type of medication until I am contacted.**

Parent's signature \_\_\_\_\_ Phone # \_\_\_\_\_

Date \_\_\_\_\_

**This form is valid from August 2022 to June 2023**