

GRACE CHRISTIAN ACADEMY

Permission for Medical Treatment

I hereby give permission for the staff of Grace Christian Academy to obtain medical treatment for my child _____ age _____

They may be given Acetaminophen or Ibuprofen, if needed. Yes _____ No _____

They may be given Tums or Pepto, if needed. Yes _____ No _____

Is he or she presently on any medication? _____ (If YES please specify)

Are there any physical problems or any special instructions, please comment.

Parents' Signature: _____ Date: _____

_____ Date: _____