



# Culpeper Christian School

810 Rixeyville Road Culpeper, Virginia 22701

(540) 825-4208 FAX (540) 829-0910

E-mail: office@culpeperchristianschool.com

## MEDICATION PERMISSION FORM

School year: \_\_\_\_\_

I will send the following medications (See page 15 of the **Student Handbook** for more information):

\_\_\_\_\_

Please list any allergies and/or reactions your child has: \_\_\_\_\_

\_\_\_\_\_

Please list any medical precautions, any physical limitations or any medical conditions your child has of which the school should be aware: \_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach me after conscientious effort, I/we give permission for school staff to call qualified medical or rescue personnel, and if necessary, for my child to be transported to medical facilities. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, optical, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
(Father's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother's Signature)

\_\_\_\_\_  
(Date)

**If you choose to send any medication (either a prescription or over-the-counter) to school for your child, we have a form that needs to be filled out when you bring in the medication. Thank you.**