

Calvary Chapel Christian Academy

28 North Locust Point Road, Mechanicsburg, PA 17050
717-980-5514



Medication Consent Form 2025-2026

PARENTAL CONSENT

I (we), _____, request that academy personnel administer this
(Print Parent/Guardian Name)

prescribed medication to _____ according to the attached
(Print Student's Name)

instructions from the student's physician _____.
(Print Physician's Name)

Name of Pharmaceutical/Drug:	Dosage:	Time to be administered:	Reason/Medical Condition

Date: _____ Parent/Guardian Signature: _____

PHYSICIAN'S CONSENT

My patient _____ is being treated for
(Print Name)

_____. It is necessary that he/she
(Reason/Medical Condition)

receive this prescribed medication during school hours according to the following instructions:

Name of Pharmaceutical/Drug:	Dosage:	Time to be administered:	Length of Time to be Administered	Possible Side Effects

Date: _____ Physician's Signature: _____