

Medical Information

Gold Coast Christian School

Medications at School

I give the teachers at the Gold Coast Christian School permission to give my child, _____, the following over the counter medications that I have provided for the school:

Name of medication:	Reason:	Dosage:
_____	_____	_____
_____	_____	_____

Parent Signature: _____ Date: _____

Allergy Information

- Food Allergies Yes No
 - Explain: _____
 - _____

- Medication Allergies Yes No
 - Explain: _____
 - _____

- Environmental Allergies Yes No (ie: outdoors, animal...)
 - Explain: _____
 - _____

- Other Allergies Yes No
 - Explain: _____
 - _____