

GROVE CITY CHRISTIAN SCHOOL  
Non-Prescription Medication Authorization

Purpose: To permit Grove City Christian School nurse or authorized personnel to administer non-prescription medication during school hours.

Name of student: \_\_\_\_\_

Medication: \_\_\_\_\_

**Note: Parents must provide non-prescription medications in the original container.**

Specific instructions/purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_

I release and agree to hold Grove City Christian School, its officials and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Home Telephone Work Phone