

# FREDERICKSBURG CHRISTIAN SCHOOLS

## Medication Permission Form

**Lower Campus (Pre 3-6 Grade)**

2231 Jefferson Davis Highway

Fredericksburg , VA 22401

PH: 540-373-5357

FAX: 540-899-6211

**Upper Campus (7-12 Grade)**

9400 Thornton Rolling Road

Fredericksburg, VA 22408

PH: 540-371-3852

FAX: 540-371-4121

**Stafford Campus (Pre 3-8 Grade)**

101 Shepherd's Way

Stafford, VA 22556

PH: 540-659-1279

FAX: 540-659-4914

Fredericksburg Christian Schools requires that if medication is to be taken by a student while he/she is in school, the school MUST have the following completed and on file:

1. This form completed and signed by the physician and parent
2. The medication in the original container

**THIS APPLIES TO ANY PRESCRIPTION OR OVER-THE- COUNTER MEDICATION.**

**To be completed by the physician:**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Medication/Treatment:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Dosage and Time Schedule:** \_\_\_\_\_

**Duration of Treatment:** \_\_\_\_\_

**Any Known Adverse Reactions:** \_\_\_\_\_

**Name of Physician (Printed):** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by parent or guardian:**

I request that school personnel give the above medication ordered by the physician as stated, according to the directions given.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/guardian