

TRI-CITY CHRISTIAN ACADEMY

MEDICATION & ESSENTIAL OILS PERMISSION FORM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

TCCA maintains a supply of basic over-the-counter medications and essential oils to provide for your child's health and comfort should he or she become ill or injured at school. However, they can only be given to your child with your written consent. If this is a service you would like us to provide, please check the medications and essential oils below that you consider appropriate for us to give to your child should the need arise.

This permission will remain in effect for the length of time your child is attending TCCA.

You may have it discontinued or changed at any time by notifying the school health office.

All medications are given in age-appropriate dosages. All essential oils are a single drop rubbed onto the skin. If you would like less than a normal dose, please let us know.

***Benadryl is kept on hand and will be dispensed in an age appropriate dose should an apparent allergic emergency arise from any cause.***

**Fever/Pain**

\_\_\_\_\_ Acetaminophen (like Tylenol)

\_\_\_\_\_ Ibuprofen (like Advil or Motrin)

**Colds/Coughs**

\_\_\_\_\_ Sudafed - (Decongestant) – (For age 6 and older).

\_\_\_\_\_ Breathe essential oil

\_\_\_\_\_ Cough Drops

**Stomachache/Nausea**

\_\_\_\_\_ Tums (Antacid)

\_\_\_\_\_ Digestzen essential oil

**Anxiety/Anger/Nervousness**

\_\_\_\_\_ Balance essential oil

**My Child** . . . \_\_\_\_\_ Can swallow pills \_\_\_\_\_ Cannot swallow pills

I hereby give my permission for my child, \_\_\_\_\_, to be given the above checked medications and essential oils at school on an "as needed" basis. I understand that this permission will remain in effect for the length of time that my child is attending TCCA. I will notify the school if I want these medications or essential oils changed or discontinued. ***I am also aware that Benadryl is kept on hand and will be dispensed in an age appropriate dose should an apparent allergic emergency arise from any cause.***

Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_