



GLOBAL CHRISTIAN SCHOOL

Global Christian School of Daegu, 175 Namsan-dong, Chung-gu, Daegu
Republic of Korea 700-440 Tel: (82-53)255-5956 Fax: (82-53)254-6729

GCS Medication Permission Form

Student's Name: _____

Grade: _____ Birth Date (da./mo./yr.): _____

The school policy states that a student stays home when he/she is running a fever of 100 or higher. (He/she may be contagious.) If a student is recovering or has minor aches we advise that he/she comes to school in order to keep up with the school work. We would like to get your permission to administer simple medication at school for the student's convenience. Please check the ones you approve.

Medicine	Use	I approve	I don't approve
Children's Tylenol	to relieve headache, pain, fever		
Tylenol (full strength)	to relieve headache, pain, fever		
Liquid cough medicine	to suppress cough		
Mylanta	for indigestion, acidic stomach		
Anti-diarrheal medicine	to relieve diarrhea		
Benadryl	to relieve allergies-hay fever		

I understand that GCS will immediately contact the parent or guardian in the event of an emergency. If I cannot be contacted, I authorize GCS to implement practical, necessary measures to secure the health and safety of my child. Such necessary measures may include hospitalization and care by medical professionals.

Parent/Guardian Name (please print): _____

Parent/Guardian signature: _____ Date: _____

Emergency Telephone Numbers:

_____ Relationship: _____

_____ Relationship: _____

Health Insurance Company: _____ No: _____

Health Concerns

Allergies to medications: (circle one) Y or N

If yes, please state the medication names: _____

Medical conditions: _____