



Covenant

CHRISTIAN
ACADEMY

of the Lehigh Valley

IMPORTANT!
Must be returned to school

I, _____ (print)

_____ give

_____ do not give

Covenant Christian Academy permission to administer the following over-the-counter medications to my child, _____

_____.

Check those you want us to be able to administer:

_____ Acetaminophen (dosage) _____

_____ Ibuprofen (dosage) _____

_____ Cough drop

_____ Throat lozenge

_____ Benadryl (dosage) _____

_____ Calamine lotion

_____ Neosporin

_____ Afterbite/Quick shot (relieves itches from bug bites)

Please give as needed. I understand that Covenant Christian Academy will obtain a verbal permission from the parent before administering any of the above medications.

Signature _____ Date _____