



## 2020-2021 MEDICATION DESCRIPTION FORM

Student Name \_\_\_\_\_

*One form per child please*

This information is helpful to the school if the medication needs to be administered by Eukarya Christian Academy staff during the regular school day or on a field trip. The information will also be shared with the medical personnel in the event of an emergency.

Existing Medical Condition (including allergies)	Medication Taken	Dosage Taken	Dosage Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide any information that you deem necessary regarding the listed medical conditions.

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

Does your child have any known side effects to any of the above medications that the school should be made aware?

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

ECA requires medications to be kept in the office and administered by a staff member when needed. However, we recognize some emergency medications must be held by the user. Please have your doctor fill out a 'Permission Form for Prescribed Medication' form and return it to the office with this form.

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

\_\_\_\_\_  
Date