

Milford Christian School

MEDICINE INSTRUCTION FORM

Student Name: _____

Special instructions are required regarding the administering of any medication or first aid to any student by Milford Christian School.

Please print clearly. Thank you for your cooperation.

The school may dispense Tylenol to my child: Yes _____ No _____

My child is on the following medication (please indicate the type and reason for medication):

My child has been diagnosed with the following medical problem(s):

Parent's Signature _____ Date _____