Medication Permission for CHESSIE

School Year 2026–2027

Child's Name: _____

I, _____,

give CHESSIE science teachers, sports leaders, staff, and service parents permission to administer the following medication(s):

_____

_____

_____

Reason(s) this medication may be needed:

_____

_____

_____

_____

Steps to take after staff administers this medication
Include the phone numbers you would like called.

_____

_____

_____

_____

_____

Does your child carry an EpiPen? Yes _____ No _____

EpiPen Storage: EpiPens should be kept in a backpack or other bag clearly labeled with the child's name. Bags are hung on the hooks inside the church's front door, on the right next to the restroom. Please leave the EpiPen there while your child is at CHESSIE and pick it up before leaving for the day.

Parent/Guardian Signature: _____

Date: _____

Attach additional paperwork or details if needed.