



Accredited by ICAA

Agape Academy
701 Napa Valley Drive
Little Rock, AR 72211
501-225-0068
www.agapeacademyonline.org

Health/Medication Form

I hereby **give** _____ **do not give** _____ the Administrator/Principal of Agape Academy or appointed representative permission to give _____ Tylenol. I understand I will be notified (if permission is given) when Tylenol has been administered to _____ (*Child's Name*)

Signature _____ Date _____

Student Name _____ Address _____

Grade _____ Birth date _____

Allergies: (please list and explain)

Food _____

Medication _____

Insects _____

Asthma _____

Diabetic _____

Other conditions or comments: _____

Parental Request for Medication Form

This form is available through the Academy office for students that require prescription and other over-the-counter medications during the school day. This form must be completed and signed by the parent or guardian before any medication other than Tylenol can be given.

A copy of your child's **Up-to-date Immunization Record, Social Security Card** and **Birth Certificate** are required for student to be accepted into Agape Academy's program.