

# St. Paul's Lutheran School 2017-2018 Permission for Dispensing Medication at School

**This form is valid only for the current school year.**

**NON-PRESCRIPTION medications** must be in the **original** container and labeled by the parent with the child's name and instructions for administering, including time to given and dosage. A separate form is required for each medication.

I authorize St. Paul's Lutheran School staff to administer the following **non-prescription** medication to my child:

Name of medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## **PHYSICIAN CONSENT FOR DISPENSING PRESCRIPTION MEDICATIONS**

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

Name of Medication: \_\_\_\_\_ Dosage Instructions: \_\_\_\_\_

Diagnosis or Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Restriction on Activity due to Medication: \_\_\_\_\_

Physician Name: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**St. Paul's Lutheran School fax number is 256 734-6580**

**PRESCRIPTION medications** must be in the **original** container and labeled with the child's name and instructions for administering, including time to be given, dosage, and physicians name.

I authorize St. Paul's Lutheran School staff to administer the following **prescription** medication to my child:

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_