

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: _____

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: _____