

## AUTHORIZATION TO ADMINISTER MEDICATION

Dear Parent/Guardian:

As suggested by the County Health Department, Crown of Life Lutheran School follows a policy that works to cooperate with parents and your family doctor when medication needs to be taken during the school day. For the safety of your child:

- Students are not allowed to bring ANY medications to school.
- If a student needs to take medication at school, a parent must complete the following:

### **AUTHORIZATION FORM in the school office.**

-Medications are to be brought to school by an ADULT in a container labeled by the pharmacy or doctor with explicit directions.

- NON-PRESCRIPTION medications can only be administered by school personnel with a written order from a parent.

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

Grade and Teacher: \_\_\_\_\_

Medication Dosage: \_\_\_\_\_

Time of Day Date given: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible Reaction(s): \_\_\_\_\_

Directions for Handling Reaction(s): \_\_\_\_\_

Prescribing Physician's Name Address Phone#: \_\_\_\_\_

\_\_\_\_\_

I hereby grant permission for a school administrator or his/her designee to administer medication to my child, \_\_\_\_\_, at school.

Administration of the medication shall comply with the instructions of the child's physician, which I have provided above.

\_\_\_\_\_

(Parent or guardian signature)

\_\_\_\_\_

(date)