

AUTHORIZATION TO ADMINISTER MEDICATION

Dear Parent/Guardian:

As suggested by the County Health Department, Divine Grace Lutheran School is now following a policy that works to cooperate with parents and the family doctor when medication needs to be taken during the school day. For the safety of your child this is the criteria we will follow:

- Students are not allowed to bring ANY medications to school.
- If a student needs to take medication at school, a parent must sign this 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.
- Thank you for your cooperation!

Student Name	Birth Date	Sex	
Grade	Teacher		
Medication	Dosage	Time of Day	Date from: to:
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.

(student's name)

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

Parent/guardian Signature

Date

