

ST. PAUL LUTHERAN SCHOOL PARENTS AUTHORIZATION TO ADMINISTER NONPRESCRIPTIVE MEDICATION

I do hereby authorize the school principal, office staff or classroom teacher to administer the nonprescription medication(s) described below to my child, _____, in the dosage and at the frequency indicated.

Medication: _____

Dosage: _____ Frequency: _____

Medication: _____

Dosage: _____ Frequency: _____

Medication: _____

Dosage: _____ Frequency: _____

I understand that I will be responsible for supplying this medication to the school and that the **medication will be supplied in the original container(s)** . Medication not supplied in original container will not be distributed.

Parent/Guardian Signature: _____

Home Telephone: _____ Cellular Telephone: _____

Date: _____

PLEASE NOTE: THIS PARENTAL AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE IT IS SIGNED. UNLESS THE AUTHORIZATION IS RENEWED, THE MEDICATION CANNOT BE GIVEN TO THE STUDENT

ST. PAUL LUTHERAN SCHOOL PARENTS AUTHORIZATION TO ADMINISTER PRESCRIPTIVE MEDICATION

I do hereby authorize the school principal, office staff or classroom teacher to administer the prescription medication(s) described below to my child, _____, in the dosage and at the frequency indicated.

Medication: _____

Dosage: _____ Frequency: _____

Medication: _____

Dosage: _____ Frequency: _____

Medication: _____

Dosage: _____ Frequency: _____

I understand that I will be responsible for supplying each prescriptive medication to the school office and that the **medication will be supplied in the original prescription container(s)** . If prescriptive medication is dated more than six-months prior to requested school distribution, a signed physician note is also required indicating that this is a current and necessary medication. Medication not supplied in original container will not be distributed.

Parent/Guardian Signature: _____

Home Telephone: _____ Cellular Telephone: _____

Date: _____

PLEASE NOTE: THIS PARENTAL AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE IT IS SIGNED. UNLESS THE AUTHORIZATION IS RENEWED, THE MEDICATION CANNOT BE GIVEN TO THE STUDENT