

TRINITY LUTHERAN SCHOOL
Springfield, Illinois

AUTHORIZATION FOR MEDICINE ADMINISTRATION

The school retains the discretion to reject requests for administration of medicine.

Student's Name _____ Birthdate _____ Grade _____

Address _____

Parent/Guardian _____

Specific Diagnosis _____

It is required that this medicine be given during school hours for the comfort of this child.

Name of Medicine: _____ Dosage: _____

Specific Directions: _____

The medicine shall be in a container appropriately labeled by the pharmacy or physician.

PARENT/GUARDIAN REQUEST FOR ADMINISTERING MEDICINE AT SCHOOL

Parent Signature

Date

Home# _____ Work# _____

Emergency Contact Name and Phone _____

Please Note:

- 1.) A new form must be filled out each time medicine or dosage is changed, and for each new school year.
- 2.) The medicine will be administered in the school office by the Principal or School Secretary.
- 3.) The medicine must be kept in the school office.
- 4.) The Principal shall place a copy in the student's cumulative folder in the classroom.
- 5.) The school can provide refrigeration for medication.
- 6.) When a student has requested pain reliever for the 5th time during a semester, the parent/guardian will be contacted. For any additional doses of pain reliever to be given, the parent must provide the medication for the student.