

CHRIST LUTHERAN SCHOOL

SCHOOL MEDICATION REQUEST

When a child must take medication during school hours, the school must have a formal request on file. Please complete the request and bring it to the school office along with the medication that is to be administered. Medication in a baggy with a hand written note IS NOT ACCEPTABLE. Medication must be in the original container. The form must clearly indicate any precautions which need to be taken and the correct dosage to be given. This form should be renewed at the beginning of each school year if the need for the medication persists.

PARENT REQUEST

CHILD'S NAME _____ GRADE LEVEL _____

Birth Date _____ Teacher _____

Address _____ Date Begin _____

Town _____ End Date _____

I hereby request school personnel to supervise the administration of the medication prescribed for my child, name above. It is understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance on my request (and the statement of the physician that the prescribed medication and dosages are safe). Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kind which may be caused thereby, including those ill effects caused by school personnel failure to remind students to take the prescribed medication and to monitor its dosage.

MEDICATION _____

DOSAGE _____

INSTRUCTIONS _____

Doctor's Name and Phone Number _____

Parent's Signature _____

Date _____