

Grace Lutheran Church and School

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School: (256) 881-0553

fax: (256) 881-0563

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School E-mail:

gls@gls-hsv.org

Web site: <http://www.gls-hsv.org>

MEDICINE AUTHORIZATION

This form is designed to assure parents and to protect children in need of receiving prescription medication as well as over-the-counter drugs during the school day. Please understand that no child will be allowed to carry or dispense medication on his own. ALL prescription and non-prescription medication must be given to the office in the original container with the child's name on the container and this permission form accompanying it (giving specific instructions for administering).

DATE _____

STUDENT'S NAME _____ GRADE _____

I hereby give my permission to the staff at Grace Lutheran School to dispense medication prescribed for my child . . .

By Dr. _____

Beginning Date _____

Ending Date _____

Name of Medication: _____

Time to be given: _____

Dosage: _____

Special instructions for dispensing:

Must this medication be refrigerated? _____

If there are any side effects of this medication, please indicate:

Parent/Guardian Signature

Phone: Home

Work