



Our Savior Lutheran School Student Medication Form

For student safety and teacher assurance, this form must be completed by the parent in order that the student may receive medication under teacher direction. A different form is needed for each medication.

Date: _____

Name of student _____

Grade _____

-- Part A This portion of the form is for prescription medication

Name of medication: _____

Dosage: (how much to be given at one time) _____

Frequency: (when and how often is the medication given) _____

Last time to be administered: _____

The medication should come in the prescription bottle as labeled by the pharmacy.
If not in the prescription bottle than the following must be supplied:

- | |
|--|
| <ul style="list-style-type: none">• Name of Pharmacy: _____
Phone number: _____• Name of Physician: _____
Phone number: _____ |
|--|

-- Part B This portion of the form is for over-the-counter (OTC) medications:

Name of medication: _____

Dosage: (how much to give at one time) _____

Frequency: (when and how often is the medication given) _____

Last time to be administered: _____

If you wish you may fill out the above portion and the office will administer:

- | | | |
|--|--|---|
| <input type="checkbox"/> Acetaminophen as per label dosing | <input type="checkbox"/> with a phone call | <input type="checkbox"/> without a phone call |
| <input type="checkbox"/> Ibuprofen as per label dosing | <input type="checkbox"/> with a phone call | <input type="checkbox"/> without a phone call |

Or

-- Part C This portion of the form is for over-the-counter (OTC) medications

I will send in the medication needed with a note each time the medication is to be given.

The medication needs to come with a signed note from the parent and all the above information.
In that case this form does not need to come into the office but may be kept by the teacher.

Parent Signature: _____

Date: _____

This form expires at the end of each school year.