

# REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS

## Lincoln Lutheran Middle/High School

### IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required prior to school personnel providing or administering medication to a child in school. By signing below, you acknowledge the following:

- If needed, the prescribing physician may be contacted by the school nurse for clarification on medication administration.
- Your child's medication may be given by an unlicensed health technician, or by a nurse, or by other school personnel deemed competent through training or supervision by the Registered School Nurse to provide medication to the students.
- The school health office should be notified promptly if there are changes in your child's medication orders.
- A physician's (or other licensed prescriber's) authorization is required for medication to be provided at school for all prescription medication products. The prescriber's authorization may be on the pharmacy label attached to the bottle.
- ALL medication products must be sent to the school in the original container with label intact. Medications in bags or any other form of "home packaging" will not be accepted, due to safety considerations.
- This form must be renewed at the beginning of each school year.
- **Lincoln Lutheran does not supply any type of fever or pain relievers. Any student needing those types of medication will need to supply their own along with this completed Medication Request Form.**

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### WRITTEN PARENTAL CONSENT MUST BE COMPLETED PRIOR TO MEDICATIONS BEING GIVEN AT SCHOOL

I give permission to Lincoln Lutheran to provide \_\_\_\_\_  
Name of medication and dose

to \_\_\_\_\_ at \_\_\_\_\_ as directed for  
Child's name and grade level Approximate time or as needed

\_\_\_\_\_  
Reason for medication

Doctor's name and phone number \_\_\_\_\_

Date medication to begin \_\_\_\_\_ Final date for medication \_\_\_\_\_

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### CONTACT INFORMATION FOR PARENT/GUARDIAN;

\_\_\_\_\_  
Names

\_\_\_\_\_  
Phone Numbers