ZION LUTHERAN SCHOOL
Litchfield, Illinois

Authorization for Medication

Dear Parent:

It is the policy of Zion Lutheran School to have written authorization for a student who needs to take prescribed oral medication during the school day. This information will be handled confidentially. **A separate form must be filled out for each prescription**.

All medication is to be brought to school in the original container with labeling that includes the student's name, doctor's name, name of the medication, and prescription for dosage.

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The following section should be completed by the child's parent:

Student's name: _____

Drug: _____

Dosage: _____ Time: _____

Reason for medication (diagnosis, anticipated effect): _____

_____

Possible reactions or symptoms: _____

_____

Additional comments: _____

_____

_____

Physician's name: _____

Address: _____ Phone: _____

I give my permission for the above medication to be administered as prescribed above.

Parent's Signature: _____

Date: _____