

IMMANUEL LUTHERAN SCHOOL
247 N. Lincoln
Bay City, MI 48708

SCHOOL MEDICATION REQUEST

With the exception of cough drops and throat lozenges, all medications to be taken by students during school days (whether prescription or “over the counter”) must be dispensed from our school office. The medications must be brought to our office in labeled containers as prepared by pharmacies, physicians, or pharmaceutical companies, and labeled with dosages and frequencies of administration. With each medication to be dispensed at school, parents are required to fill out this form and send it to the school office along with the medication that is to be taken. It is important that we have this medication request filled out completely and properly before we can dispense any medication to your child. This form should be completed each time medication is needed or annually for continuous medication.

PARENT REQUEST

Child's name _____ Date of Birth _____

Address _____
(Please include city, state and zip)

Grade _____ Teacher _____ Date Medication Begins _____ Date Ends _____

I hereby request school personnel to supervise the administration of the medication prescribed for my child, named above. It is understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance upon 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 kinds, which may be caused by administering this medication or failing to remind students to take the designated medication on time.

Medication _____

Instructions, including times(s) and amount of dose _____

Possible Side Effects _____

Doctor's Name and Phone Number _____

Parents Signature _____

Address _____

Date _____ Phone _____