

PERMISSION FORM FOR PRESCRIBED AND NON-PRESCRIBED MEDICATION

Grace Lutheran School
404 E. Glenlord Road
St. Joseph, MI 49085-9343
(269) 429-4951

Date form received by the school: _____

Student: _____ Age: _____

Grade: _____ Teacher: _____ Medication administered by _____

To be completed by parent or guardian

Name of medication: _____ mg (if applicable) _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (Schedule and **dose** to be given at school): _____

Start: date form received Other dates: _____

Stop: end of school year Other date/duration: _____

For episodic/emergency events only

Restrictions and/or important side effects: None anticipated

Yes, Please describe: _____

Special storage requirements: None Refrigerate

Other: _____

This student is both capable and responsible for self-administering this medication (if allowed to self administer the student will be permitted to carry epi pen and/or inhalers only)

NO Yes-Supervised Yes-Unsupervised

This student may carry this medication: NO YES

Please indicate if you have provided additional information:

On the back side of this form As an attachment

Date: _____ Signature: _____

Physician's Name: _____

To be completed by parent/guardian

I request that (name of child) _____ receive the above medication at school according to standard school policy.

I request that (name of child) _____ be allowed to self-administer the above medication at school according to the school policy.

DATE: _____ SIGNATURE: _____ RELATIONSHIP: _____