

**ST. PAUL LUTHERAN SCHOOL
MEDICATION PERMISSION FORM**

Start Date: _____ **End Date:** _____

Child's Name: _____

Name of Medication: _____

Time To Be Given At School: _____

Amount of Dosage: _____

Parent's Signature: _____

A separate medication permission form must be signed for each medication. No medication will be given here in the office that is not in the original prescription bottle. The label is to have the name of the child, name of the medication, dosage, name of the doctor and dated.

It is your responsibility to ask the teacher for the medicine when you pick up the child, do not depend on them to remember to give it to you.

PLEASE DO NOT SEND ANY OVER THE COUNTER MEDICATIONS WITHOUT A DOCTOR'S NOTE AND THIS COMPLETED FORM. THIS INCLUDES: ASPIRIN, COUGH DROPS, ANTI-ITCH MEDICATIONS, ETC. Students may not have any medications kept in their backpacks, desks, etc.