

MEDICATION PERMISSION AND INSTRUCTIONS FOR PRESCRIPTION DRUGS

Please complete the following for **EACH** over-the-counter-medication.

TO BE COMPLETED BY PARENT/GUARDIAN AND DOCTOR

I give permission for St. Paul Lutheran School in Royal Oak, MI to give or apply the following medication to my child,
_____ in _____ grade.

Medication Name: _____

DIRECTIONS

Start Date -	End Date -
Time –	Dosage -

Storage of Medication –
Other Directions, if any -
Signature of Parent Date:
Signature of Doctor Authorizing use - Date:
Doctor’s Phone Number –
Doctor’s Address –

Over-the-Counter Medication Directions:

- Hand delivered by parent to school office
- Preferably in a zip lock plastic bag
- Medication must have a current date (no expired medicine) • Must include this note with the a parent and doctor signature.
- Must be a new, unopened bottle.
- Must be labeled with a “prescription-like” sticker stating: Child’s name, Name of drug, Dosage, and Specific Directions
(Do not cover the medication name with the sticker.)

NOTE: Medication will be kept in the school office, under lock. Be sure to let the teacher know that there is medication in the office. It will be administered by staff and recorded.

