

Authorization to Administer NON - PRESCRIPTIVE MEDICATION

School Year _____

Parent's Authorization

I do hereby authorize Zion Lutheran School to administer medication to my child,

_____, as prescribed by the physician above. I understand that I will be responsible for supplying this medication to the school. This medication will be kept only in the school office and only dispensed from the school office. This includes any aspirin, Tylenol, or any over-the-counter medication. Records will be kept by the school secretary when each and every dose of the medication is given.

Medication: _____

Dosage: _____

Comments: _____

Parent's or Guardian's Signature

Date

Note: The parent's authorization is only valid until the medication is used up. In the case of prolonged medication, the validation may continue until the end of the school year.