

**Authorization to Administer NON - PRESCRIPTION MEDICATION**

School Year \_\_\_\_\_

**Parent's Authorization**

I do hereby authorize Zion Lutheran School to administer the below listed medication to my child, \_\_\_\_\_. 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 office staff when each and every dose of the medication is given.

I further acknowledge and agree that, when the medication is administered or attempted to be administered, I waive any claims I might have against Zion Lutheran School, its employees and agents arising out of the administration of said medication. I agree to hold harmless and indemnify Zion Lutheran School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

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.**