

# Medication Administration Authorization Form

This form must be submitted with the medication to be administered. See "Student Health and Wellness" in the Family Handbook for restrictions.

## To be completed by parent/guardian

### Section A:

Trinity Lutheran School faculty/staff has my permission to administer the following medication:

\_\_\_\_\_ to: \_\_\_\_\_ (Student Name)

Dosage and time(s) to be administered: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ (Date) until: \_\_\_\_\_ (Date)

### Section B:

If this medication is to be given "as-needed", this section must be completed daily:

Date and Time medication was last administered: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

Dosage: \_\_\_\_\_ Earliest time medication can be administered: \_\_\_\_\_

\*\*\*\*Self-administered medications have additional requirements.

- All medications must be accompanied by this authorization form and presented to the teacher.
- Prescription medications must be sent in their original container and include the student's name, dosage, and instructions.
- Over-the-counter medications must be sent in their original container.
- Ointments (even non-prescriptions like Vaseline) require an authorization form.

### By signing this authorization form:

A) You give permission for the student named above to receive the medication listed above while in the care of Trinity faculty/staff.

B) You acknowledge the medical, allergy, and emergency contact information in the student information system is current.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty/Staff

\_\_\_\_\_  
Date