

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: Medications to be given on a schedule

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: Medications to be given "as needed"

Dosage: _____ Maximum Doses Per Day: _____

Earliest Time Medication can be Administered on Day 1: _____

This authorization is effective from: _____ (Date) until: _____ (Date)

****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