

**HOLY CROSS LUTHERAN ACADEMY AND PRESCHOOL**

**Student Over-the-Counter Medication Authorization**

Student Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

My permission is hereby granted to Holy Cross Lutheran Academy and Preschool to administer the following medication(s) to the above named student.

1). NAME OF MEDICATION: \_\_\_\_\_

DOSAGE/AMOUNT GIVEN & HOW OFTEN: \_\_\_\_\_

TIME(S) TO BE GIVEN: \_\_\_\_\_ (okay to give 1 hour prior) YES / NO  
(okay to give 1 hour later) YES / NO

TO BE GIVEN WHEN STUDENT COMPLAINS OF: \_\_\_\_\_

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2). NAME OF MEDICATION: \_\_\_\_\_

DOSAGE/AMOUNT GIVEN & HOW OFTEN: \_\_\_\_\_

TIME(S) TO BE GIVEN: \_\_\_\_\_ (okay to give 1 hour prior) YES / NO  
(okay to give 1 hour later) YES / NO

TO BE GIVEN WHEN STUDENT COMPLAINS OF: \_\_\_\_\_

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***NOTE: All medication to be administered at school must be recorded in the front office, received in original containers and be delivered and retrieved by parent(s) only.***

The following information to be completed by the parent / legal guardian:

*This information will remain confidential and only shared with school personnel, as needed, for the student's health and education needs. This authorization includes permission for communication between the school office staff / faculty and my child's health care provider, regarding the medications, if necessary. It is my responsibility to provide Holy Cross Lutheran Academy and Preschool with a new medication authorization form if and when these orders change. I am aware that non-medical personnel may administer this medication. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person under the same or similar circumstances.*

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian PRINT name: \_\_\_\_\_ Relationship: \_\_\_\_\_