

HOLY CROSS LUTHERAN ACADEMY AND PRESCHOOL

Student Prescription Medication Authorization

Student Name: _____ Grade/Class: _____

My permission is hereby granted to Holy Cross Lutheran Academy and Preschool to administer prescribed medication to the above named student.

The following information to be completed by the prescribing physician prior to administering medication:

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

Taken with Food: YES / NO

Medication required to be taken on field trips: YES / NO

Request teacher's awareness of this medication administration: YES / NO

Date to Begin: _____ Stop Date: _____

It is necessary that this prescribed medication be provided during the school day due to the following medical condition: _____

NOTE: All prescribed 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.

Physician signature: _____ Date: _____

Please PRINT Physician name: _____ Phone: _____

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: _____