

**OUR REDEEMER LUTHERAN SCHOOL
PRESCRIPTION MEDICATION PERMISSION AND INSTRUCTION FORM**

When a student at Our Redeemer Lutheran School needs to take a prescription medication during the school day, this form must be filled out by both the student's physician and parents. The prescription medication must be in its original pharmacy-labeled package in legible format specifying the student's name, dosage instructions, and the effective date. This form must be renewed for each new school year, or whenever medication, dosage, or administration instructions change.

Student Name: _____ Birthdate: _____

PHYSICIAN'S DIRECTIONS:

Physician's Name: _____ Phone: _____

Medication: _____

Dosage: _____

Frequency and Time(s) of Administration: _____

Administration By: Our Redeemer Staff

Student

**Physician certifies that the student is knowledgeable about the medication and how to administer it, has the skills to safely possess and use the medication, and may self-administer the medication.*

Requested Staff Observations: _____

Adverse Reactions: _____

Physician's Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT:

I hereby grant permission to Our Redeemer Lutheran Church with School to allow in-school administration of the above prescribed medication to my child in accordance with the physician's directions. I will keep Our Redeemer Lutheran Church with School aware of any changes in the medication profile or health concerns of my child. I give my child's physician/medical provider and Our Redeemer Lutheran Church with School permission to release and obtain information from each other as necessary.

Parent/Guardian Signature: _____ Date: _____