

St. John's Lutheran School
220 S. Lincoln Lombard, IL 60148
Phone: 630-932-3196 Fax: 630-282-0436 or email msalzman@sjeagles.com

THIS FORM MUST BE COMPLETED and SIGNED BY A PHYSICIAN, BEFORE ANY MEDICATION CAN BE ADMINISTERED THROUGH THE SCHOOL OFFICE

PERMISSION TO ADMINISTER MEDICATION AT SCHOOL
2020-2021 School Year

Important Information

1. Medication should be brought to the school in its original container, clearly marked with the child's name and the medication name and pertinent information. **THIS INCLUDES, INHALERS, PRESCRIPTION MEDICATION AND ALL OVER THE COUNTER MEDS (Advil, Tylenol, Midol, Decongestants, Allergy etc)**
2. If dosing amount, timing or any changes occur during the school year, it is the parent's responsibility to communicate that and provide a new completed Permission to Administer form to the office immediately.
3. Medication and permission forms will be kept in the office. (Teachers will take student's medication on field trips).

I hereby grant permission for the authorized personnel of St. John's Lutheran School to administer the medication detailed on this form to my child.

Parent Signature Date

Student's Name _____ Birth Date _____

Phone Number _____

Teacher _____ Grade _____

⇒ Medication _____ Dosage _____ Reason _____

**PHYSICIAN OR
PHYSICIAN'S
STAFF
MUST
COMPLETE
THIS SECTION
& SIGN**

Liquid Pill/Tablet/Caplet Inhaler Injection Topical Eye Drops

Time(s) to Administer _____ or _____ PRN (as needed) every _____ hours.

Additional Instructions _____

Possible side effects _____

- The above named student may carry and self-administer his/her inhaler or epi-pen.

I certify that s/he has been properly instructed in its use. Circle one: YES NO

Physician's Signature Date Phone #

⇒ Physician's Name (please print) _____

Sign & Return
Include medication in original packaging.