## St. John's Lutheran School 220 S. Lincoln, Lombard, IL 60148

Phone: 630-932-3196 Fax: 630-282-0436

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

2023-2024 School Year

I hereby grant permission for the authorized personnel of St. John's Lutheran School to administer

## **Important Information**

Medication should be brought to the school office in its original container, clearly marked with the student's name and the medication name and pertinent information. This includes inhalers, prescription medication and all over the counter meds (ie Tylenol, Advil, decongestants, allergy meds etc.)

the medication detailed on this form to my child. Parent Signature Date Student's Name \_\_\_\_\_ Birth Date Phone Number Grade PHYSICIAN OR PHYSICIAN'S REPRESENTATIVE MUST COMPLETE THIS SECTION & SIGN Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_ 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 | epi-pen \* I certify that s/he has been properly instructed in its use YES NO Date Phone # Physician's Signature Physician's Name (please print)