



## Prescription Drugs and Medicine

Students who need to take prescription or non prescription medication during the school day **must** complete a medication form and leave the medication in the school office. The medications will be dispensed as directed in the office.



### Elm Grove Lutheran School Medication Form

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for properly designated office personnel to administer medication to my child:

Reason: \_\_\_\_\_

Type of medication (Name): \_\_\_\_\_

Amount of medication (Dosage): \_\_\_\_\_

Time of day to be administered: \_\_\_\_\_

Duration of use: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature