



Our Redeemer's Christian School Medication Release Form

I request the staff of ORCS administer medication to my child during the school day as defined below:

Student's Name: _____

Name Of Medication: _____

Dosage [tsp.-mg-# of pills]: _____

Please note, ORCS does have 200 mg Ibuprofen available to dispense.

Reason For Medication: _____

Time to Be Given: _____ a.m. _____ p.m. _____ As Needed

I understand that all liability is released from the person administering the medication, Our Redeemer's Lutheran Brethren Church and its ministry, Our Redeemer's Christian School.

Parent Signature _____ Date _____

O	Date/Time	Initials	Date/Time	Initials	Date/Time	Initials
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F						
I						
C						
E						
U						
S						
E						