

TRINITY LUTHERAN SCHOOL PRESCRIPTION MEDICATION FORM

We ask that not more than a one-month supply of prescription medication be sent to school in the original pharmacy container labeled with: (a) name of student, (b) name of medication, (c) dosage, (d) time medication is to be given, (e) name of prescribing physician, and (f) route of administration (ex: by mouth).

All medications will be administered in the school office and kept in a locked cabinet in the school office. Medications will not be kept in the classroom. Refrigeration for medications is available in the school office.

Please remind your child that it is his/her responsibility to ask for the medication at the appropriate time.

Name of Student

Grade/Teacher

Name of medication

Reason for medication

Dosage

Length of time for medication to be given

Time to be given

Name of physician/dentist

Route of administration (ex: by mouth)

Physician address

Parent/Guardian signature

Physician signature

Date

Date