

# TRINITY LUTHERAN SCHOOL OVER-THE-COUNTER MEDICATION FORM

We ask that not more than a one-month supply of over-the-counter medication be sent to school in the original container labeled with the name of the student.

Medications that are past the expiration date will be destroyed.

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.

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\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade/Teacher

\_\_\_\_\_  
Name of medication

\_\_\_\_\_  
Name of physician/dentist

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Reason for medication

\_\_\_\_\_  
Time to be given

\_\_\_\_\_  
Length of time for medication to be given

\_\_\_\_\_  
Route of administration (ex: by mouth)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date