PARENTAL REQUEST

For medication to be given in school
(Prescription and over-the counter medications)

Grace Chapel Lutheran School
10015 Lance Drive, St. Louis, MO 63137
Phone: 867-6564 Fax: 868-2485

It is always preferable that medications should be prescribed for outside of school hours. However, in some cases the medication must be given during school hours.

When this is unavoidable, the school will provide administration of medication if the parent provides two forms:

1. Parental authorization (this form) 2. Physician's authorization

Without both of these forms, school personnel may not administer medicine - even simple over-the-counter medications.

Medication must be brought, by an adult, to school in a container with the original label appropriately labeled for administration during school hours.

Medicine to be given at school must remain at school for the period of time it is to be given. (Please have your pharmacist label two containers, one for school and one for home.)

I request that school personnel give the following medication to _____-
_____

Description of Medication: _____

_____

Directions for Administering Medication:
_____
(precise time, dosage, route of administering, etc.)

_____

Length of Time Medication is to be Given:
_____

Physician's Name: _____

Physician's Phone: _____

Prescription Number (if prescription): _____

Parent's Signature Date

ADDENDUM for Self-Administration of Medication

(Since the official policy of Grace Chapel Lutheran School is that this form of medication may not be administered except by a nurse, and since a school nurse is only available on a part time basis, we will permit self-administration of this medication only if the physician and parents assume all responsibility.)

I grant permission for _____ to self administer this medication and will assume all liability for the use and misuse of this medication.

_____ _____
Parent's Signature Date