

PARENT/GUARDIAN MEDICATION CONSENT FORM
Trinity Lutheran School of Rantoul
OVER-THE-COUNTER MEDICATION ONLY

Student's Name

Date

Grade

Age

AS YOU KNOW, THE SCHOOL, BY LAW, CAN NOT ADMINISTER ANY MEDICATION, WHETHER IT BE PRESCRIPTION OR OVER-THE-COUNTER, TO STUDENTS WITHOUT THE APPROPRIATE PAPERWORK ON FILE. Please complete this form and return it to school, along with the medication in it's **ORIGINAL BOTTLE/PACKAGE**.

Name of Medication _____

Dosage of Medication and Time to be Given _____

I hereby give my permission to school personnel designated by the school principal to give medication to my child according to the written instructions as filled out above.

I further agree to hold Trinity Lutheran School and all employees harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above is necessary. (PLEASE NOTE: ANY MEDICATION BROUGHT TO SCHOOL MUST BE IN ITS ORIGINAL BOTTLE/PACKAGE.)

Parent/Guardian Signature

Phone Number

Date