

NON PRESCRIPTION / PRESCRIPTION MEDICATION AUTHORIZATION FORM

I give my permission for St. Paul Lutheran Church & School to give or apply my child **non prescription medicine**.
 St. Paul will call me before any medication is given (ex. Tylenol, Ibuprofen, cough drops, Tums). First aid cream/antiseptic may be applied unless noted below.

I understand that in order for my child to take **prescription medicines** in original container; I must supply St. Paul with a dated note indicating:

- 1) the name of medication, 2) time of when medication is to be given, 3) dose of medication and 4) duration of medication.

Child(ren)Name(s)_____

Grade(s)_____

DO NOT apply first aid cream/antiseptic_____

DATE	CHILD	PARENT CALLED	TIME	MEDICINE	AMT. GIVEN	BY WHOM

*I release and agree to hold St. Paul Lutheran Church & School, the Board of Education, its officials and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent Signature_____ Date_____