

Trinity Lutheran School- Consent Form for Student medications

10247 S Prairie Rd. Red Bud, IL 62278

(618)282-2881 Fax: (618) 282-4045

I have read the medication label, and my child does not have any health problem that could be made worse by taking this medicine. My child is not taking any other medication at home that could interact with this medicine and cause unwanted side effects. This medication will be kept in a locked location in the school office and will be administered as indicated below for the current school year by the office secretary or designated employee.

Medications must be dropped off & picked up by the parent or designated adult at the end of the school year. Any medications not picked up will be destroyed.

Please give the medicine according to the following directions:

OVER-THE COUNTER Medication

Fill out & return to school with a medication in ORIGINAL container of age & dose appropriate medicine.

Student: _____ DOB: _____ Grade/Teacher: _____

Medication: _____ Dosage: _____ Expiration date: _____

Purpose: _____ Times to be given: _____

Special Instructions: _____

Parent/Guardian's current daytime phone #: _____

Signature of Parent/Guardian

Printed name of Parent/Guardian

Date

"I hereby release Trinity Lutheran School of Red Bud (Prairie) IL, its Faculty & Staff, from any and all liabilities resulting from my child carrying their asthma inhaler, epinephrine injector or diabetic supplies to and from school."

Signature of Parent/Guardian

Date

