

***This form is only needed if the student requires medication.**

**ST. LUKE SCHOOL MEDICATION ADMINISTRATION,
MEDICAL AUTHORIZATION AND RELEASE**

This form must be completed by the parent or guardian and returned to the principal in order for St. Luke School to assist parents when their child requires medication during school hours. Prescription medication must remain in the original prescription container and be properly labeled by a registered pharmacist as required by law. Nonprescription medication must also remain in the original container and be properly labeled with the child's name and specific instructions regarding dosage and time of administration.

Student's name _____ Age _____

Teacher's name _____ Grade _____

Name of person completing form _____ Relationship _____ Phone # _____

Name of medication to be given _____

Dosage (amount) and specific time(s) medication is to be given _____

Name and address of prescribing physician _____

Any known or expected side effects of this medication _____

Please list any other medications that student is presently taking _____

Special instructions _____

STATEMENT OF PARENT OR GUARDIAN

The undersigned hereby releases and agrees to hold harmless and indemnify St. Luke School, St. Luke Church, St. Luke Early Learning Center, and any employee of these institutions from any liability whatsoever resulting from the administration or nonadministration of the above described medication to your child during school hours in accordance with the above instructions. I will notify the school principal or my child's teacher in writing if this medication is changed or discontinued. My signature below indicates that I have read this statement and agree to the terms set forth.

I give permission for the school administration or staff to contact my child's physician. ____ Yes ____ No

Signature of Parent/Guardian _____ Date _____

Signature of Principal _____ Date _____