This form is only needed if the student requires medication.
This form must be on file for daily and occasional use medication.

ST. LUKE SCHOOL MEDICATION ADMINISTRATION AND RELEASE FORM

This form must be completed by the parent or guardian and returned to the school in order for St. Luke 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 _____

Name of person completing form_____ Relationship_____ Phone # _____

Name of medication to be given_____ Dosage (amount) to be given _____

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

Possible side effects _____

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 non-administration of the above described medication to your child during school hours in accordance with the above instructions. My signature below indicates that I have read this statement and agree to the terms set forth.

Signature of Parent/Guardian_____ Date_____

The following logs are to be completed by school staff as medication is dispensed.
Short Term and Occasional Use Medications:

Date:	Time:	Administered by:	Date:	Time:	Administered by:

Long Term / Daily Medication log is on the reverse of this form.

Updated 03/16/10 NC