

Oak Grove Lutheran School Medication Authorization

Name	Grade	Date
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School Medication and Health Care Services Are Administered Following These Guidelines:

- Parent signed and dated authorization to administer the medication.
- Medication in the pharmacy labeled container or the manufacturer's labeled container.
- Medication label contains the student name, medication, directions for use and date.
- Annual renewal of authorization and immediate notification in writing of any changes.

Medication	Dosage
Route	Time Given At School
Administration Instructions _____ _____ _____	
<p><i>Student is Knowledgeable About This Medication and May Self-Administer:</i></p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
Physician Signature	Date
Physician Name (Print)	Phone #

Parent/Guardian Authorization

- I request the above student be given the medication at school by qualified staff according to instructions. The student has experienced no serious side effects from this medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know. All students are required to report to the Administration Office for medication unless self-administration is recommended.
- In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless any Oak Grove Lutheran School staff involved in the administration of this medication to above student from any claims or liability for injury or damages caused or claimed to be caused or to result from the administration of the above medication.

Parent/Guardian Signature	Date
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