

**MEDICATION PERMISSION AND INSTRUCTIONS FOR
CHRIST THE KING LUTHERAN SCHOOL**

This form is for Prescription/Non-Prescribed Medication.

**ALL MEDICATION MUST BE TURNED IN AT THE OFFICE AND
MUST BE GIVEN UNDER SUPERVISION OF STAFF**

Need this form completed for each child. Will need a separate form for each medication.
Example: One form for over counter medication such as Tylenol or cough drops.
Another form for anytime they are on a prescribed medication. This includes both long
term prescriptions or short term prescriptions: Such a Epi-pen, Daily long term
medication (ADHD) or short term medication for strep throat or the like.

Date form received by the school: _____
Student: _____
Grade: _____

TO BE COMPLETED BY PARENT

Name of Medication: _____
Reason for Medication (Optional) _____
Form of Medication/Treatment:

_____ Tablet/Capsule _____ Liquid _____ Other
_____ Injection

Directions:

1. Date to begin giving medication _____
 2. Date to stop medication _____
 3. Times medication is to be given _____
 4. Amount (dosage) of medication each time given _____
 5. Other directions _____
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(Signature of Parent) (Guardian)

(Date)