



Prescription Drugs and Medicine

Students who need to take prescription or non prescription medication during the school day **must** complete a medication form and leave the medication in the school office. The medications will be dispensed as directed in the office.



Elm Grove Lutheran School Medication Form

Teacher: _____ Grade: _____ Date: _____

I give permission for properly designated office personnel to administer medication to my child:

Reason: _____

Type of medication (Name): _____

Amount of medication (Dosage): _____

Time of day to be administered: _____

Duration of use: _____

Prescribing Physician: _____

Phone: _____

Parent/Guardian Signature