

TRINITY LUTHERAN SCHOOL
MEDICATION CONSENT FORM

At different times we have noticed children who are in distress with a headache, etc.

We cannot dispense any type of medication without the consent of a parent or guardian. Therefore we are issuing this permission slip. If you do not return it, we will assume that means no consent. Without it, we cannot help your child.

Prescription medicine will be dispensed, with signed permission from the doctor, only to the individual on the prescription. **All medicines, prescription or over the counter, must be kept in the office and dispensed by the office personnel only.**

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD.

I give my consent to have a member of the faculty or staff of Trinity Lutheran School give a pain reliever to my child--if it is in the best interest of the child.

PAIN RELIEVERS AVAILABLE IN THE OFFICE:

My child should receive:

(Please place the number of tablets to be given in the space provided beside the type of pain reliever you wish us to use. If there is no indication by the parent on the amount to give, the amount specified by the instructions on the bottle will be given.)

_____ Extra Strength Adult Acetaminophen
(500 mg.)

_____ Adult Acetaminophen
(325 mg.)

_____ Junior Strength Acetaminophen
(chewable - 160mg)

_____ Children's Acetaminophen
(chewable - 80mg)

_____ Adult Strength Ibuprofen
(200mg)

_____ I decline medication
consent

Child's Name _____ Age _____ Weight (lbs.) _____

Parent's Signature