



CHRIST THE KING LUTHERAN SCHOOL AUTHORIZATION OF MEDICATION

It is the policy of Christ The King Lutheran School in compliance with Michigan Compiled Laws Act 380-1178, to have written authorization for a student taking prescribed and over the counter medication during the school day. This information will be handled in a confidential manner. Please complete the form below:

Over-the-counter Medications:

I hereby advise school personnel that the student named below is allowed to take the following over-the-counter medication for general pain (headache, braces etc) during school hours.

_____ Jr. Motrin _____ Roloids _____ Tylenol _____ Advil
_____ Jr. Tylenol _____ cough drops _____ Motrin _____ Midol

Dosage (if other than directed): _____

_____ Please call prior to the distribution of this medication. Phone number: _____

If not checked, we will take this form as authorization to dispense only medication listed above.

Prescribed Medications:

I hereby advise school personnel that the student named below is to take the following prescribed oral medication during the school hours according to the physician's directions.

Name of Medication: _____

Dosage: _____

Time to be Administered: _____

For Period: _____ to: _____
(Date) (Date)

Reason for medication (diagnosis, anticipated effect):

Possible reactions or symptoms:

Student's Name: _____

Parent's Signature: _____ Date: _____