St. Peter Lutheran School N2740 French Rd. Appleton, WI 54913

## PERMISSION TO ADMINISTER MEDICATION IN SCHOOL TO STUDENTS IN GRADES 5K - 8.

ANY MEDICATIONS THROUGHOUT THE SCHOOL YEAR (INCLUDING COUGH DROPS) REQUIRE THIS FORM. Bring this form and medication in its original container directly to the school office. Medications will be kept in a secure location. Medications will be dispensed by the school staff.

Student's Name:	dent's Name: Grade:			
Classroom Teacher:				
Parent's Name:		Phone:		
nstructions for administering m	edication at school:			
Name of Medication	Dosage	Time to be Administered	Begin (date)	End (date)
Please indicate the purpose of th	ne Medication(s) list	ed above and possibl	e side effects:	
authorize the administration of	the above medicati	on(s) to my child by s	school staff:	
Parent's Signature:		Date Signed:		
FOR OFFICE USE ONLY:	Documentation o	f Medication Admii	nistration by Sch	ool Staff
		Date	Time	Initial

FOR OFFICE USE ONLY: Documentation of Medication Administration by School Staff					
<u>Medication</u>	<u>Dosage</u>	<u>Date</u>	<u>Time</u>	<u>Initials</u>	
		<u>Administered</u>	<u>Administered</u>	<u>of Staff</u>	

## St. Peter Lutheran Early Childhood Ministry Center N2740 French Rd. Appleton, WI 54913

## PERMISSION TO ADMINISTER MEDICATION IN SCHOOL TO STUDENTS IN 3K & 4K.

ANY MEDICATIONS THROUGHOUT THE SCHOOL YEAR (INCLUDING COUGH DROPS) REQUIRE THIS FORM. Bring this form and medication in its original container directly to our Early Childhood Director. Medications will be kept in a secure location. Medications will be dispensed by the school staff.

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Student's Name:			Grade:		
Classroom Teacher:					
Parent's Name:	Phone:				
Instructions for administering m	edication at school:				
Name of Medication	Dosage	Time to be Administered	Begin (date)	End (date)	
Please indicate the purpose of the	. ,				
I authorize the administration of	the above medicati	on(s) to my child by	school staff:		
		Date Signed:			
FOR OFFICE LICE ONLY.	D = =	f Adadiantian Admi		I Ct-eff	

FOR OFFICE USE ONLY: Documentation of Medication Administration by School Staff					
<u>Medication</u>	<u>Dosage</u>	<u>Date</u> <u>Administered</u>	<u>Time</u> <u>Administered</u>	<u>Initials</u> <u>of Staff</u>	