

THE LUTHERAN CHURCH AND SCHOOL OF SAINT LUKE

MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PHYSICIAN OR DENTIST

Student Name:	Date of Order:
Diagnosis Requiring Medication:	
Medication Required (Denote name, exact dosage)	
Time to be given at school:	
Other medications student is taking that may interact with this medication:	
EPI pens or inhalers; will student self-administer this medication? Yes or No	
Is medication needed during the school day for the critical health & well being of the student? Yes or No	
Physician's Signature:	
Print Physician's Name:	Date:
Address/City:	Phone Number:

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

<p>I request that school personnel give the above medication and/or treatment ordered by the physician as stated above, according to the directions given. <i>I authorize a representative of the school to exchange information about this medication and/or treatment with the above named health care provider, as needed.</i> I acknowledge that it may be necessary for medication to be administered to my child by an individual other than a school nurse, or to self-administer, and I specifically consent to this. I further acknowledge and agree that, when the lawfully prescribed medication is administered or is self-administered by my child, I waive any claims I might have against The Lutheran Church and School of Saint Luke, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication. By signing this document, the parent/guardian indemnifies and holds harmless the school, its employees against any claims.</p>
<p>Parents or Guardians of the student understand that the <u>permission for the self-administration of any medication is effective for the school year for which it is granted and shall be renewed each school year, only upon fulfillment of the requirements hereof.</u></p>
<p>Provided these requirements are fulfilled, a student with an epi-pen or inhaler may possess and use his or her medication while in school, at a school sponsored activity, under the supervision of school personnel or before or after normal school activities such as before or after school care or on school operated property.</p>

Parent or Guardian Signature

Date

Revised 11/15