

Authorization to Administer  
NON-PRESCRIPTIVE MEDICATION

Parents Authorization

I do hereby authorize Redeemer Lutheran School to administer this medicine to my child, \_\_\_\_\_ . I understand that I will be responsible for supplying this medication to the school. This medication will be kept in the school office and only dispensed from the school office. Records will be kept by the school secretary when each and every dose of the medication is given.

I hereby acknowledge that I have read and understood the School Board Use of Medications. I hereby release Redeemer Lutheran School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Date

Medication: \_\_\_\_\_

Dosage: (amount) \_\_\_\_\_ Time: \_\_\_\_\_

Dates of Administration: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note: Only medication in its original container and labeled with the date will be administered.**

Medication left at the end of the school year will be discarded.