

Authorization to Administer  
PRESCRIPTIVE MEDICATION

Physician's Statement

I have prescribed the medication indicated below for \_\_\_\_\_  
and do hereby authorize Redeemer Lutheran School to administer the medication as  
indicated:

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

Dosage (amount & time): \_\_\_\_\_

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

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Parent or Guardian's Authorization

I do hereby authorize Redeemer Lutheran School to administer this medicine to my child,  
\_\_\_\_\_, as prescribed by the physician above. 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

\_\_\_\_\_  
Date

Note: The Physician's statement and parent or guardian's authorization are only valid until the  
prescription is used up. In the case of prolonged medication, the validation may be until the end of the  
school year.

**Only Medication in its original container, labeled with the date, the child's name and exact dosage  
will be administered.**

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