

# ST. JOHN'S LUTHERAN SCHOOL

## Health Release and Medication Authorization Form for 2017-2018

### HEALTH CONCERNS AND RELEASE

My Child: \_\_\_\_\_ has the following health concerns: \_\_\_\_\_

I give consent and hereby agree:

\_\_\_\_\_yes \_\_\_\_\_no to have my child taken to a physician if I cannot be contacted and the school faculty/staff feels such action is warranted, and I will be financially liable for the same.

\_\_\_\_\_yes \_\_\_\_\_no to have the school faculty/staff administer first aid.

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### MEDICATION AUTHORIZATION

I hereby request and authorize the personnel of St. John's Lutheran School, West Bend, WI, to administer the medication listed below to my child: \_\_\_\_\_.

<u>Medication Name</u>	<u>Reason for Medication</u>	<u>Dosage</u>	<u>Time to be Taken</u>
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This authorization is good until: \_\_\_\_\_

With this signed agreement, I/We absolve the designated person(s) administering the medication, St. John's School, and any and all members of the boards of any responsibility and liability for any reaction, complication, etc. which may occur to the above-named child during the time of receiving the medication indicated on this form.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that:

1. Medication must be in a properly labeled container. (This includes non-prescription medication)
2. Label must contain:
  - A. Name of student (first & last)
  - B. Name of drug
  - C. Dosage to be given
  - D. Date to be given
  - E. Name and phone number of the pharmacy
  - F. Name of the prescribing physician
3. All medication must be stored in the school office except for inhalers for asthma.
4. School office personnel will administer the medication to the student.
5. Parents must submit written permission authorizing the school to administer medication to their child.
6. Asthma inhalers must be registered through the school office.
7. This information is confidential and will only be used for purposes related to the administration of medication.

Signature of School Administrator: \_\_\_\_\_

