

Immanuel Lutheran School

2865-26th Avenue Columbus, NE 68601

402-564--8423

MEDICATION RELEASE FORM PARENT REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication is to be brought to the school by the parent or student for whom the medication is prescribed.

Prescribed medication/treatment may be administered by a school nurse or other designated person. The medication should be brought to the school in the *original container appropriately labeled by the pharmacy*. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school. Any non-prescription medications, such as acetaminophen,ibuprofen, cough medicines, etc. must be in the original containers.

NOTE: A prescribed asthma inhaler may be kept by the student and self-administered if the physician indicates this need in writing and considers the student sufficiently responsible. In addition, the physician should list any precautions to be followed on this form.

DA	TE FORM RECEIVED BY THE S	3CHOOL				
1.	Name of Student:	Grade:				
2.	Allergies:					
Na	me of Medication:					
3.	Reason for Medication:					
4.	Form of medication/treatment:					
	Tablet/Capsule Lic	quid	Inhaler/Nebul	izer	Injection	other
	Dosage:					
	Instructions:					
	·					
					· · · · · · · · · · · · · · · · · · ·	
5.	Time medication is given at hom	ne:				
Re	strictions and/or important side e	ffects:	None anticip	oated	Yes. Plea	se describe:
8.	Special storage requirements:	none	Refrigera	itel	ocked Stora	ige
9.	Special administration procedure	es: Cı	rush pill\	with food _	none	
10	. Start medication:	_ date				
11	. Stop medication:	_ date				
	NT/GUARDIAN)	_				
the u	indersigned, the parent/guardian ation or procedure be administere	of	d Labsolvo sob	ool porcon	request th	at the above
	stemming from adverse reaction					
	stering of such prescribed medica				,	
		1	Tele	phone		/
ame		Rela	Tele		Home	Work