



ST. PAUL'S LUTHERAN CHURCH AND SCHOOLS, ORANGE, CA

Request to Dispense Prescription Medication

We are happy to assist you in the administration of medication for your child. Since this is a service, which the school is not legally obligated to perform, in signing this request you are agreeing to hold the school free from any and all liability in connection with the administration of any and all medication.

Please complete a separate form for each prescription medication you would like the school to administer. Per the Parent-Student Handbook, "All medication must be in their original containers." "Students are not allowed to have medication in their pockets, purses, backpacks, lockers, lunch bags, etc. All medication (including cough drops, chapstick or lotions) must be kept in the office."

STUDENT NAME _____ GRADE _____

NAME OF MEDICATION _____

DOSAGE _____ TIME OF DOSAGE _____

PHYSICAL CONDITION FOR WHICH THE DRUG IS TO BE GIVEN:

START DATE _____ QUANTITY _____ END DATE _____

SPECIAL INSTRUCTIONS _____

Refill Date _____	Quantity _____	Parent's Initials _____	Staff Initials _____
Refill Date _____	Quantity _____	Parent's Initials _____	Staff Initials _____
Refill Date _____	Quantity _____	Parent's Initials _____	Staff Initials _____
Refill Date _____	Quantity _____	Parent's Initials _____	Staff Initials _____

PARENT'S SIGNATURE

DATE

Would you like to be called when this medication is dispensed? YES or NO (please circle)

Parent Phone Number _____ Parent Cell Phone _____

Staff Use Only:

Medication with Teacher ONLY ☐ Medication in Office ONLY ☐ Medication with Office and Teacher ☐