

**Redeemer Lutheran School  
Oakmont, Pennsylvania**

**Student Medication**

**2012 - 2013 School Year**

This form must be completed for a student to receive and /or take medication (prescription or nonprescription) while under school supervision. **A different form must be completed for each medication.** Medication includes nasal decongestants, cough drops, acetaminophen (Tylenol), etc. All children must have their medication kept and administered by the teacher or the secretary. School personnel are not allowed to provide children with acetaminophen, cough drops, or any other medication. Please refer to the Medications policy in the School Handbook. Also notify the school by phone, and place this completed form in your child's folder when sending medications to school.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage (how much should be taken at one time): \_\_\_\_\_

Time (when it should be taken): \_\_\_\_\_

Last Day Medication to be given: \_\_\_\_\_

This box must be completed for PRESCRIPTION MEDICATION:

Name of Pharmacy: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

**PLEASE LABEL ALL MEDICATION PROPERLY (include: student's name, name of medication, and proper dosage on bottle).**