



# Manitowoc Lutheran High School

*uses its God-given gifts to help each student become thoroughly equipped for paths of service to our Redeemer.*

## Consent to Administer Medication at School

Due to the recent law – ACT 160, school personnel cannot provide aspirin or any other medication to students (including cough drops). If a child needs such medication (prescription or over the counter) a written request and Authorization Form from the parent is required. Forms are located in the school office or can be emailed to parents upon request.

***The medication should be brought to school by the parent or legal guardian in the medications original labeled container.*** The medication will be kept in a locked drawer in the school office for safekeeping.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Students Diagnosis: \_\_\_\_\_

**Manitowoc Lutheran High School is authorized to give the following medication(s) to the student listed above.**

### Daily Medication

Name of Medication	# In Bottle	Dosage	Frequency	Start Date	Stop Date	Previous Side Effects

### As Needed Medication

Name of Medication	# In Bottle	Dosage	Frequency	Start Date	Stop Date	Previous Side Effects

- I agree to notify the school in writing if there is any change in medication.
- Parents are to pick up medication when discontinued or at the end of the school year.
- Consent to administer will expire at the end of the school year.
- ***I further agree to hold the Manitowoc Lutheran High School and all employees exempt from all claims arising from the administration of this medication at school.***

Parents Name (Print): \_\_\_\_\_ (Signature): \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_ (Signature): \_\_\_\_\_

Date: \_\_\_\_\_ Physicians Phone Number: \_\_\_\_\_

