Zion Lutheran School
520 East Main Street
Pierce, NE 68767

Phone (402) 329-4658
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Mrs. Jennifer Snodgrass-Principal
Mrs. Stacy Johnson-Academic Coordinator
Mrs. April Anson-Office Administrator

Parental Consent For Medication-*Please complete one form per student*

Important information for parents/guardians: Your written consent is REQUIRED before your child may receive the following at school:

- Over-the-counter medications: including, but not limited to pain relievers, cough drops, antacids, first aid creams, etc.
- Prescription medications: including controlled substances which require a prescriber's orders

By signing below, you fully acknowledge the following:

Over-the-counter medication: I understand that over-the-counter medications must be 1) provided by the parent, 2) sent in the ORIGINAL container, and 3) accompanied by this form.
Prescription medication: Prescription medication must be sent in the ORGINAL container, which is properly labeled with the instructions and name of prescribing physician.
That no side effects have been experienced by the child when the medication is being given or in effect.
That you, as a parent, give permission to contact the prescriber as needed.
That you, as a parent, are responsible for delivery of all medications to the school office, whether it be by you or your student.
That you, as a parent, give permission to share medication information with appropriate school or emergency personnel.
I give permission for Zion Lutheran School's unlicensed, trained personnel to administer the medication described below.

Student Name	**Medication**	**Name of Physician**	**Notify Me When Taking**	**Notify me by: Calling or note**
1)				
Instructions:				
2)				
Instructions:				
3)				
Instructions:				

☐ *(please check if applicable)* **Students with inhalers:** My child is proficient at self-administering his/her inhaler and may carry it with him/her. I understand that I must provide TWO inhalers: one inhaler to be kept in the school office and the second inhaler to be carried by my child.

Signature of Parent/Guardian_____ Date:_____