



ZION LUTHERAN SCHOOL

520 East Main Street, Pierce, NE 68767
 402-329-4658 (ph.) 402-329-4660 (fax)

Parental Consent For Medication

Please complete one form per student

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:

- I understand that over-the-counter medications must be provided by the parent
- Sent in the **ORIGINAL** container
- Accompanied by this form
- Prescription medication must be sent in the **ORIGINAL** 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:				

Signature of Parent/Guardian: _____ Date: _____