

**Zion Lutheran School
520 East Main Street
Pierce, NE 68767**

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Amy Lambrecht, Administrative Assistant

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 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:				

