

ZION LUTHERAN SCHOOL – Wayside

PARENT REQUEST FORM FOR SUPERVISING OVER THE COUNTER MEDICATIONS

DATE

Parents requesting that the school supervise the taking of over the counter medicines by their children must provide the school with the information listed below:

1. Child's Name _____

2. Name of Medication _____

3. Purpose of Medicine _____

4. Time(s) to be administered _____

5. Dosage to be administered _____

6. Possible side effects _____

7. Termination date for administering the medication _____

In making the request, the parent's signature releases the school personnel from liability should reactions result from the medications.

Parent's Signature

Date