

# ZION LUTHERAN SCHOOL - Wayside

## PARENT REQUEST FORM FOR SUPERVISING PRESCRIPTION MEDICATIONS

\_\_\_\_\_  
DATE

**Parent/Guardian:**

- Please fill out the top portion of this form.
- Have your child's physician complete the bottom portion.
- Return this form to the school office.

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

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

**PLEASE NOTE: Any medication brought to school should be in a duplicate labeled pharmacy container.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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**PHYSICIAN:**

Pursuant to the request of the above-named parent, we have been asked to administer medication in the school setting.

In order for us to proceed with the medication regime that you have prescribed, please provide us with the following information:

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Number to be taken \_\_\_\_\_ approximate time of day \_\_\_\_\_

Possible side effects \_\_\_\_\_

Termination date for administering the medication \_\_\_\_\_

PRN medication

Conditions under which it should be given: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date