

OUR LADY OF THE LAKE SCHOOL

RELEASE TO ADMINISTER MEDICATION, TO BE COMPLETED BY PARENT:

\_\_\_\_\_ is to have the following  
Student \_\_\_\_\_ Grade \_\_\_\_\_

medication, \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ A.M.  
Name of medication Dosage Time P.M.

to begin \_\_\_\_\_ until \_\_\_\_\_  
Date Date

Reason for medication \_\_\_\_\_

I understand the State Department of Education recommends that pupils do not have medicine in their possession (with the exception of Asthma Inhalers and Epi Pens) and therefore request that the School Nurse or Health Aide administer the indicated dose as prescribed by the doctor.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

An adequate supply of medicine should be provided in the prescription bottle from the pharmacy to be kept in the School Health Services Office.

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TO BE COMPLETED BY PHYSICIAN:

\_\_\_\_\_ is to have the following medication:  
Student \_\_\_\_\_

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

at \_\_\_\_\_ A.M. for the following condition: \_\_\_\_\_  
Time P.M.

\_\_\_\_\_ Date \_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number