



Authorization to Administer Medication 2018-19 School Year

Students are not permitted to carry medication on the GSL campus. Authorized members of GSL's staff must administer all medication to students. Families are encouraged to complete this form for every student, regardless of how often a child may need medication. If a student does not have this form on file, GSL will not administer any medication. If your child requires medication to be administered during school hours, this completed form must be on file with GSL's front office.

Student's Name Date of Birth Grade Teacher/Advisor

Does your child have any drug allergies? If yes, list here _____

DAILY MEDICATION

Name of Medication: _____ Is this a prescription or OTC? (circle one)
Strength: _____ Dosage to be Administered: _____ Time to be Administered: _____
If prescription, name of prescribing physician: _____

MEDICATION AS NEEDED

Name of Medication: _____ Is this a prescription or OTC? (circle one)
Strength: _____ Dosage to be Administered: _____ Time to be Administered: _____
If prescription, name of prescribing physician: _____

Medication as needed will only be administered after GSL calls a parent/guardian and obtains verbal approval.

NOTE: ALL Prescription Medication MUST be in a bottle with the original pharmacy label, including dosing instructions and child's name. If the dosage on the prescription label does not match the dosage on this form, the medication will not be administered. All medication must be turned in to the front office by an adult.

NON-PRESCRIPTION MEDICATION

For minor aches and pains, GSL maintains a supply of the following over-the-counter (OTC) medications. Should your child need of one of these OTC medications, this form must be on file in the front office. If your child needs an OTC medication not listed below, you will be required to send it in to GSL.

If needed, my child may have the following non-prescription medication:

Children's/Junior Ibuprofen _____ Children's/Junior Acetaminophen _____
preference: liquid _____ chewable _____ pill form _____ preference: liquid _____ chewable _____

Non-Drowsy Antihistamine dissolving tablets _____ Eye Wash & Eye Drops _____

Cough Drops _____ Antacids _____
preference: liquid _____ chewable _____

Alcohol-free Cough Suppressant _____

I hereby authorize Grace-St. Luke's Episcopal School personnel to administer the above medication(s) to my child. I agree that I will not hold GSL or its personnel responsible for any reaction my child may have to the medication(s) I am requesting to be administered.

Parent/Guardian Name (Print) Parent/Guardian Signature Date