

MEDICATION DISPENSING
PERMISSION FORM

Word of Life Lutheran School
6535 Eichelberger
St. Louis, Mo 63109

My child, _____, has permission to take the following
non-prescription medication: _____.

I understand that this over-the-counter medication must be taken under the supervision of
the classroom teacher or other authorized school personnel. My child may take this medication
for this Period of time: _____.

The dosage is to be: _____.

I exempt the school and all school personnel from administering this medication. They are also
exempt from any liability should my child over-medicate, under-medicate, or otherwise abuse or
misuse this non-prescription medication.

Signed: _____ Date: _____

Student Medication Form

Name of Student: _____

Medication: _____

Dosage: _____

Time to be administered: _____

Length of prescription:
(How long will your child
Be on this medication?) _____

I give permission for the above medication to be administered as detailed by my child's
teacher or other employee of Word of Life Lutheran School.

Parent's Signature

Date