



**Sierra Lutheran High School**  
**SCHOOL MEDICATION REQUEST**

When a student must take medication during school hours, the school must have a formal note of this request on file. Please fill out the following form and return it to the school before bringing any medication to school. The school should be notified in writing of any change in medication. The form should be renewed at the beginning of each school year.

This form must be completed below before we can disburse any medication. Also, Sierra Lutheran High School must have a prescription from the doctor for over-the-counter medications (OTC) or for a pharmaceutical prescription, all drugs must be in the original container. NO EXCEPTIONS.

**PARENT REQUEST**

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Ongoing medication: \_\_\_\_\_

Instructions: \_\_\_\_\_

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

Doctor's name and phone number: \_\_\_\_\_

It is okay to disperse the following medications to my student as indicated below:

	Tylenol _____	Advil _____	Sudafed _____	Midol _____	Tums _____
How many	_____	_____	_____	_____	_____
How often	_____	_____	_____	_____	_____

I hereby request school personnel to supervise the administration of the medication prescribed for my child, named above. It is understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance on my request (and the statement of the physician that the prescribed medication and dosages are safe). Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kind which may be caused thereby, including those caused by school personnel's failure to remind students to take the prescribed medication and to monitor its dosage.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_