



LUTHERAN CHURCH & SCHOOL

465 S Marian Rd Hastings, NE 68901 Church: 402.462.5015 School: 402.462.5012

Paul Warneke, Pastor

"Educating for Eternity"

Sara Nielsen, Head Teacher

**MEDICATION DISPENSING AUTHORIZATION FOR MEDICATIONS DISPENSED DURING THE SCHOOL DAY
2019-2020**

Student Name _____

Parent/Guardian Name _____

As the parent/guardian of the above named child, I understand that no student is allowed to have any prescription or over-the-counter medications on their person at any time while on Zion Lutheran School property. I authorize Zion Lutheran employees to dispense the medication identified below to the above named student and my signature indicates that I understand and agree to the following terms:

- Authorization to dispense medications is limited to the school year identified above.
- I agree to provide the medication to be dispensed in a properly labeled container with the child's name, physician's name, the name of the medication, and directions for dispensing the medication.
- I agree to consult the family physician as to any side effects of the medication being administered and to advise school personnel of any possible side effects and procedures to be followed should side effect occur.
- I agree the authorization granted herein is limited to the medication or medications identified here.
- I agree that I will immediately notify Zion Lutheran School personnel if **additional medication** are prescribed to be dispensed during the school day and that I will complete a new Medication Dispensing Authorization that includes all medications to be dispensed during the school day.
- I agree that I will notify the school immediately if there is a **dosage change** for medications to be dispensed during the school day, that I will authorize the Zion Lutheran School personnel to discontinue the previous medication/dosage, and I will complete a new Medication Dispensing Authorization.
- I agree that I will complete a Medication Dispensing Authorization for any **over-the-counter** (non-prescription) medications to be dispensed to my child and that I will provide the medication to be dispensed in an original container with directions for dispensing the medication.

(1) Medication Name _____

Dosage _____ Time to be Given _____

Special Instructions (PRN, with food, etc) _____

(2) Medication Name _____

Dosage _____ Time to be Given _____

Special Instructions (PRN, with food, etc) _____

Signature of Parent/Guardian _____ Authorized on (date/year) _____