



700 Krider's Cemetery Road
Westminster, Maryland 21158
410-848-1050

Authorization to Administer Medication

THIS MEDICATION AUTHORIZATION IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

Carroll Lutheran School discourages the administration of medication to students during the school day. Any necessary medication which can possibly be administered before and after school hours should be so prescribed. Carroll Lutheran School will, however, administer medication to pupils during the school day according to the procedures outlined on this form when absolutely necessary.

I _____, authorize Carroll Lutheran School to administer the
(Name of Parent/Guardian)
following medication to my child _____.
(Child's Name)

1. Name of medication: _____
2. Reason for medication: _____
3. Medication to be given at what time? _____
4. Dosage of medication: _____
5. Possible side effects: _____
6. Physician's name: _____
7. Physician's address & phone number: _____

8. Date: _____

Office personnel will be under the advisement of pediatrician Elizabeth Frankel if your doctor cannot be reached. Beyond this, we will not hold the school or its personnel liable.

(Signature of Parent/Guardian)