

**SHEPHERD OF THE HILLS LUTHERAN SCHOOL  
6914 WURZBACH ROAD  
SAN ANTONIO, TEXAS 78240**

**SCHOOL MEDICATION REQUEST**

When a child must take medication during school hours, the school must have formal requests on file. Please have the requests completed and return them to the school office before bringing any medication to school. The school should be notified in writing of any change in medication. The form must clearly indicate any precautions which need to be taken. This form should be updated at the beginning of each school year, if the need for medication persists. All medication must be picked up at the end of the school year or it will be discarded.

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

<b>Name of Medication</b>	<b>Dosage</b>	<b>Time To Administer</b>	<b>Date Medication Begins</b>	<b>Date Medication Ends</b>	<b>Expiration Date of Medication</b>	<b>Possible Side Effects</b>
<b>Name of Medication</b>	<b>Dosage</b>	<b>Time To Administer</b>	<b>Date Medication Begins</b>	<b>Date Medication Ends</b>	<b>Expiration Date of Medication</b>	<b>Possible Side Effects</b>

**Doctor's Name & Number:** \_\_\_\_\_

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.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**Parent Contact Information:**  
**Phone # (cell):** \_\_\_\_\_  
**Phone# (work):** \_\_\_\_\_