

SHEPHERD OF THE HILLS LUTHERAN SCHOOL
 6914 Wurzbach Rd San Antonio TX 78240 | 210-614-3741 | Fax 210-692-1639

SCHOOL MEDICATION REQUEST

Medication Policy

No student may have any medications (Prescription/Non-Prescription) on their person. All Prescription medications for individual students **must be brought by the student's parent/guardian** to the school office with this School Medication Request Form. 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. Medications must be in the original container or prescription bottle with proper labeling. **All medication must include specific directions in regard to dosage, times of administration** and any precautions that 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:** _____

Name of Medication	Dosage	Time To Administer	Date Medication Begins	Date Medication Ends	Expiration Date of Medication	Possible Side Effects

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 Phone # (cell):

Parent Phone # (work):