

**SCHOOL AUTHORIZATION FOR DISPENSING MEDICATION**

Trinity Lutheran School, Mequon

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teacher's Name** \_\_\_\_\_

**I authorize Trinity's personnel to see that my child,**

\_\_\_\_\_, **receives the medication listed below.**

**Parent's/Guardian's Signature** \_\_\_\_\_

**Print Parent's/Guardian's Name** \_\_\_\_\_

**Name of Medication** \_\_\_\_\_

**Purpose of Medication** \_\_\_\_\_

**Amount to be given** \_\_\_\_\_ **Time to be given** \_\_\_\_\_

**Dates to be given** \_\_\_\_\_