



Trinity Lutheran School
2065 Geneva Street, Racine, WI 53402
phone: 262.632-1766

**Request for Medication Administration
PHYSICIAN Rx**

When possible, please reduce or eliminate the need to administer medications at school by using medications which can be timed for administration at home.

All medications must be labeled with child's name AND birth date in the original bottle/container

Student's Name: _____ School Year: _____

Illness or Condition: _____

Dosage(s): _____

Dates of Administration: From: ____ / ____ / ____ to ____ / ____ / ____

Time(s) of Administration: _____

Special instructions for method to use in administering medication(s): _____

Who can school officials call for training in any special techniques? _____

Possible side effects: _____

Physician's name (printed clearly above) Signature Phone Number

I hereby give permission for school staff to administer medication as indicated above. I also give permission for the school staff to contact the prescribing Physician with any questions about the administration of this medication.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____