



**Trinity Lutheran School**  
2065 Geneva Street, Racine, WI 53402  
phone: 262.632-1766  
fax: 262.632-3838

**OVER the COUNTER**

**2020-21 Request for Medication Administration**

*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: \_\_\_\_\_ Start Date: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

*I hereby give permission for school staff to administer medication as indicated above.*

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Home Phone Work Phone Cell Phone