

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:		Scho	ool Year:	
Illness or Condition:				
 Dosage(s):				
Dates of Administration: F				
Time(s) of Administration:			-	
Special instructions for me	thod to use in adm	ninistering medication	on(s):	
Who can school officials c	all for training in a	ny special techniqu	es?	
Possible side effects:				
Physician's name (printed	clearly above)	Signature	Phone Number	
,			dicated above. I also giver permis ions about the administration of th	
Parent/Guardian Signature			Date	
Home Phone	Work Pho	one	Cell Phone	