

**PERMISSION TO ADMINISTER MEDICATION SENT FROM HOME**  
**School Year 2010-2011**

To: \_\_\_\_\_  
(child's name)

Name of Medication: \_\_\_\_\_  
(**ALL** MEDICATION, INCLUDING TYLENOL, MUST BE SUPPLIED BY PARENT  
IN ITS **ORIGINAL** CONTAINER)

Dosage: \_\_\_\_\_

Dates to be administered: \_\_\_\_\_

The principal or secretary of Bethany Lutheran School is herewith granted permission to administer the above medication in the School Office as required. The responsibility for the proper administration of the above is still mine as parent. By signing this form, I agree that the school or any staff member is not responsible for any complication which might arise from the above medication.

I will notify the school of any change in content, dosage or discontinuation of same.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

***PLEASE NOTE: WE ONLY HAVE SPACE TO STORE OVER  
THE COUNTER SAMPLE SIZE/TRIAL SIZE MEDICINE IN  
THEIR ORIGINAL CONTAINERS  
(NO OTHER SIZES WITH BE ACCEPTED)  
YOU WILL BE NOTIFIED WHEN YOUR CHILD'S SUPPLY  
IS LOW***