

**PERMISSION FOR ST. JOHN LUTHERAN SCHOOL STAFF  
TO ADMINISTER PRESCRIPTION MEDICATION TO:**

(Submitted daily, or permanently kept on file in the office, depending on the medication.)

Name of Student \_\_\_\_\_ Name of medication \_\_\_\_\_

Purpose of administering drug: \_\_\_\_\_

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

Time(s) & Date(s) to administer: \_\_\_\_\_

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

**PERMISSION FOR ST. JOHN LUTHERAN SCHOOL STAFF  
TO ADMINISTER OVER-THE-COUNTER MEDICATION TO:**

Name of Student \_\_\_\_\_ Name of Non-prescription drug \_\_\_\_\_

Ibuprofen 200mg \_\_\_\_\_ Acetaminophen 325mg \_\_\_\_\_

Purpose of administering drug: \_\_\_\_\_

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

Time(s) & Date(s) to administer: \_\_\_\_\_

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

**PERMISSION FOR ST. JOHN LUTHERAN SCHOOL STAFF  
TO ADMINISTER OVER-THE-COUNTER MEDICATION TO:**

Name of Student \_\_\_\_\_ Name of Non-prescription drug \_\_\_\_\_

Ibuprofen 200mg \_\_\_\_\_ Acetaminophen 325mg \_\_\_\_\_

Purpose of administering drug: \_\_\_\_\_

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

Time(s) & Date(s) to administer: \_\_\_\_\_

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

## **ST. JOHN LUTHERAN SCHOOL POLICY ON ADMINISTERING MEDICATION TO STUDENTS**

Dear St. John Parents:

Indiana state law requires that schools observe certain regulations in administering medication to students. WRITTEN permission from parents and/or a physician is required for all medication stating the amount of medication, the hours of administration, and the period of time medication is to be continued. The following rules will be followed by St. John Lutheran School for the administration of over-the-counter and prescription drugs:

- 1) Under no circumstances will any medication be given to any student without a signed and fully completed permission slip on file.
- 2) All medications must be brought to the office. The office will administer the medication.
- 3) Student may not carry medications of any kind including Acetaminophen (Tylenol), Ibuprofen (Advil), etc.

In cases of a permanent or prolonged need for administration of a prescription drug (such as Ritalin) a permanent form will be kept on file in the office.

Please take a form for your use with more copies available from the school office during the school year. Please do not ask office personnel by telephone to administer medication, but feel free to call if you have any questions (352-9196). We are sincerely apologetic for any inconvenience this may cause and appreciate your understanding.

In Christ,

Rick Kerr, Principal