_____ _____

STUDENT LAST NAME STUDENT FIRST NAME

PARENTAL CONSENT FOR MEDICATION AT SCHOOL
Arizona Lutheran Academy | 2019-2020

Arizona Lutheran Academy does not provide any over-the-counter (OTC) medication to its students. However, the staff designated by the administration can administer OTC medication provided by the parent with this written permission.

The staff designated by the administration can also administer prescription medication provided by the parent with this written permission.

All medications (prescriptions or OTC), with the exception of inhalers, are to be brought to the school office in the original container. Inhalers may be carried by the student, but the office should have this permission form on file. One form is needed for each medication.

1. Name of medication _____

   Circle one: PRESCRIPTION OVER-THE-COUNTER

2. Amount to be given _____
3. Time to be given _____
4. Reason for medication _____

I hereby request and give my consent for the staff designated by the ALA administration to see that my child, _____, receives this medication during the 2019-2020 school year OR for the period from _____ to _____.

_____ _____

SIGNATURE OF PARENT OR GUARDIAN DATE

Comments

_____

_____

The school office must be notified of any change to the permissions noted on this form.