MEDICATION PERMISSION AND INSTRUCTIONS FOR CHRIST THE KING LUTHERAN SCHOOL

This form is for Prescription Medication. Please turn in when child is on a prescription for an illness.

TO BE COMPLETED BY PARENT

I give my permission for Christ the King Lutheran School to give or apply the

medication, _____, to my child _____.
(Medication's Name) (Child's Name)

as follows:

Directions:

1. Date to begin giving medication _____
2. Date to stop medication _____
3. Times medication is to be given _____
4. Amount (dosage) of medication each time given _____
5. Other directions _____

_____ _____
(Signature of Parent) (Date)