

**ZION LUTHERAN SCHOOL
2011-2012 MEDICATION REQUEST FORM**

NAME OF STUDENT _____ GRADE _____ TEACHER _____

Permission applies only to dates specified –

From _____ To _____

Name of Medication _____

Time to Administer _____ Amount to Administer _____

Special Instructions _____

I hereby request Zion Lutheran School personnel to supervise the administration of the medication prescribed for my child, named above. It is understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously and in reliance on my request (and the statement of the physician that the prescribed medication and dosages are safe). Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects caused by school personnel failure to remind students to take the prescribed medication and to monitor its dosage.

Signed _____ Date _____

August	September	October	November	December	January	February	March	April	May	June
29	1		1	1	Off	1	1	2	2	1
30	2	3	2	2	3	2	2	3	3	
31		4	3		4	3		4	4	4
	Off	5	4	5	5		5	5		5
	6	6		6	6	6	6	6	7	6
	7	7	7	7		7	7		8	7
	8		8	8	9	8	8	Off	9	
	9	10	9	9	10	9	9	Off	10	
		11	Off		11	10		Off	11	
	12	12	Off	12	12		12	Off		
	13	13		13	13	13	13	Off	14	
	14	14	14	14		14	14		15	
	15		15	15	Off	15	15	16	16	
	16	17	16	16	17	Off	16	17	17	
		18	17		18	Off		18	18	
	19	19	18	Off	19		19	19		
	20	20		Off	20	Off	20	20	21	
	21	21	Off	Off		21	21		22	
	22		Off	Off	23	22	22	23	23	
	23	24	Off	Off	24	23	23	24	24	
		25	Off		25	24		25	25	
	26	26	Off	Off	26		26	26		
	27	27		Off	27	27	27	27	Off	
	28	28	28	Off		28	28		29	
	29		29	Off	30	29	29	30	30	
	30	31	30	Off	31		30		31	