

MEDICATION AGREEMENT 2021 - 2022

Bethlehem Lutheran School Grade: _____ Teacher: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request and give my permission to Bethlehem Lutheran School, Early Learning Center & Childwatch to administer medication to my child. I understand that it is my responsibility to provide the medication in the original pharmacy labeled container. I also understand that the person administering the medication may not alter or change any medications from their original form (cut or half pills, etc.). **Any prescription changes will require an additional signed and completed Medication Agreement.**

Name of Student _____ DOB _____

Parent's Name _____ Phone _____

Medication _____ Dosage _____

Route _____ Times to be Given _____

Continuous From _____ to _____

Signature of Parent or Guardian _____
Date

TO BE COMPLETED BY PHYSICIAN

Patient's Name _____

Medication _____ Dosage _____

Route _____ Times to be Given _____

Purpose _____ Possible side effects _____

Continuous From _____ to _____ Phone Number: _____

Name of Physician _____ Fax Number: _____

Signature of Physician _____
Date

Only employees who are trained and delegated may give medications. The person giving the medication must put their initials and time they gave medication in the appropriate box.

Delegated by: Wendy Moore RN, MSN, CPEN/ Nurse Consultant

INITIALS	PERSON DISPENSING MEDICATION	TITLE	DATE
_____	_____	_____	_____
_____	_____	_____	_____

This document is effective for the 2021 - 2022 school year.