



AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS 2010-2011

Parents of resident students requesting that medication be administered to their son/daughter in the residence halls of St. Croix Lutheran High School by trained residence staff are required to provide to the school: (1) Physician's Order (separate form); (2) Parental Request and Release (this form); (3) Medications supplied in original labeled prescription bottle.

Student's Name: _____ Date of Birth: _____

Home Address: _____

The following over-the-counter medications will be available to your child on an as-needed basis and as directed by the manufacture. Please cross out any that should NOT be offered:

Tylenol	Halls Cough Drops	Tums
Ibuprofen	Aleve	Antihistamines
Decongestants	Cough Medicines	

Parent's Request and Release for Administration of Medication

Prescription Medication: _____

I request and authorize designated residence hall staff to give medication/s to my son/daughter _____ (name of student).

I release St. Croix Lutheran High School from any liability should reactions result from medications. I give the St. Croix Lutheran High School residence hall personnel to contact my attending physician/dentist regarding the medication.

Parent/guardian signature

Date