## **Trinity Lutheran School**

501 N Main St., Janesville, MN 56048 Phone 507-231-6646, Fax 507-234-6751

## REQUEST FORM FOR ADMINISTRATION OF LONG TERM MEDICATION

(More than 30 days) DURING THE SCHOOL DAY

Parents of pupils requesting that medication be administered during school hours by school staff are required to provide for the school: I) Physician's order 2) Parental release, and 3) medication supplied in the original bottle or packaging. (Request the pharmacy to have the medication to be divided in two different labeled bottles, one for home and one for school)

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cho	uest this medication/treatm ol permission to obtain add t of this medication. I unde	itional informa	tion from the	physicia	n regardin	g this ill:	ness, medi	cation, o	r side
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	nave prescribed the follow hool hours.								
	Physician's Ord	er for Admin	istration o	f Medic	ation by	School	Personn		

<b>Initials</b>	Signatures	Date	Dosage	Time	Initials	Date	Dosage	Time	<b>Initials</b>

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