

OLL



Our Lady of the Lake Catholic School
...Building the Spirit Within

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WESTONKA PUBLIC SCHOOLS
RELEASE TO ADMINISTER MEDICATION, TO BE COMPLETED BY PARENT:

Student _____, Grade _____, is to have the following

medication, _____, _____, at _____ A.M.
Name of medication Dosage Time P.M.

to begin _____ until _____
Date Date

Reason for medication _____

I understand the State Department of Education recommends that pupils do not have medicine in their possession (with the exception of Asthma Inhalers and Epi Pens) and therefore request that the School Nurse or Health Aide administer the indicated dose as prescribed by the doctor.

Date _____ Parent's Signature _____

An adequate supply of medicine should be provided in the prescription bottle from the pharmacy to be kept in the School Health Services Office.

TO BE COMPLETED BY PHYSICIAN:

Student _____ is to have the following medication:

Name of Medication _____ Dosage _____

at _____ A.M. for the following condition: _____
Time P.M.

Doctor's Signature _____ Date _____

Address _____

Telephone Number _____