

**POLICY FOR DISPENSING MEDICATION**

**CHRIST OUR SAVIOR LUTHERAN HIGH SCHOOL**

**810 Soldiers Way, Evansville, IL 62242**

**Phone 618-853-7300 Fax 618-853-7361**

Date \_\_\_\_\_

The school is required to keep a record of medications dispensed to students. Only medications that parents/guardians have sent to the office may be dispensed to students, who are only allowed to take the medication with a COS staff member present. We do need verification from the parent and/or doctor of the medications that the child is able to take. This also includes Tylenol (Acetaminophen) and Ibuprofen.

We must have this on file before any type of medication can be given to a student.

Student's Name \_\_\_\_\_

I give permission to authorized personnel to administer the following medication to my child:

PRESCRIPTION

NON-PRESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any specific instructions concerning the taking of the medication(s):

\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

And/ or PHYSICIAN'S SIGNATURE \_\_\_\_\_