

Peace Lutheran School
Medication Authorization Form

Student's Name: _____

Student's Grade: _____

As the parent and guardian of the above mentioned student, I give Peace Lutheran School permission to administer the following medications to my child for the following reason or diagnosis

_____.

<i>Medication</i>	<i>Dosage</i>	<i>How Often</i>	<i>Start Date</i>	<i>Stop Date</i>

As the parent or guardian of the above mentioned student, I will keep Peace Lutheran School aware of any changes in medication(s) or health concerns of my child.

PARENT/ GUARDIAN SIGNATURE: _____

DATE: _____

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**ASTHMA INHALER AUTHORIZATION  
 FORM**

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

Student's Grade: \_\_\_\_\_

As the parent/guardian for the above mentioned student, I hereby state they my child has the skill, knowledge and my authorization to use an asthma relieving inhaler as a self-administered relieving medication.

I also understand that the asthma relieving medication must be labeled with my child's name, the name of the medication, the directions for use and the date.

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_