STUDENT LAST NAME	STUDENT FIRST NAME

## PARENTAL CONSENT FOR MEDICATION AT SCHOOL Arizona Lutheran Academy | 2023-2024

Arizona Lutheran Academy does not provide any over-the-counter (OTC) medication to its students. However, the staff designated by the administration can administer <u>OTC medication</u> provided by the parent with this written permission.

The staff designated by the administration can also administer <u>prescription medication</u> provided by the parent with this written permission.

All medications, prescriptions or OTC (with the exception of inhalers or epi-pens) are to be brought to the school office in the original container. Inhalers and epi-pens may be carried by the student, but the office still needs this permission form on file. One form is needed for each medication.

1.	Name of medication		<u></u> -	
	Circle one:	PRESCRIPTION C	OVER-THE-COUNTER	
2.	Amount to be given			
3.	Time to be given			
4.	Reason for medication			
I hereby request and give my consent for the staff designated by the ALA administration to see				
that m	y child,	, receives this medicatio	n during the 2023-2024	
school	year OR for the period from	to		
SIGNA	TURE OF PARENT OR GUARDIAN		DATE	
Comm	ents			

The school office must be notified of any change to the permissions noted on this form.