

**Our Redeemer Lutheran School**

1400 East “E” Street, North Platte, NE 69101

Pastor: Rev. Daniel J. Ramsey Principal: Mrs. Wende Carson

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**PARENT & PHYSICIAN PERMISSION FOR**

**ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

I request and authorize the principal or designated person to administer to:

Name of student: Grade:

Name of medication:

Amount to be given:

Time(s) to be given:

Length of administration: number of school days entire school year

Reason for medication:

Significant side effect:

Parent’s signature Date

Physician’s signature Date

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| Date | Time | Amount Administered | Staff Signature |
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