



Zion Lutheran School  
1012 12<sup>th</sup> Ave. Road  
Nampa, ID 83686  
Ph. 208-466-9141  
Joshua Swigart, Headmaster

## AUTHORIZATION TO ADMINISTER MEDICATION

**NAME** \_\_\_\_\_ (please print)

**DATE** \_\_\_\_\_

I request that authorized school personnel give my child \_\_\_\_\_  
the following medication (Must be in its original container):

\_\_\_\_\_

Directions for use: (How much and when)

\_\_\_\_\_

\_\_\_\_\_

I will pick up this medication ... after school/by Friday (circle one) Initial \_\_\_\_\_

I will supply no more than one week's dosage each week and will hold neither Zion Lutheran School nor individual employees of Zion Lutheran School responsible for error in the administering of this medication.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_