

Over-the-Counter Medication Form

Return this form only when medication is being sent

Epiphany Lutheran School ♦ 14423 West Rd, Houston, TX 77041
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www.epiphanylutheranschool.org

DATE: _____

I am requesting and hereby give permission to school personnel to give the following medication during school hours to my child named below in order to maintain my child's physical health and support school performance. To my knowledge, my child has no allergy to this medication.

Child's Name

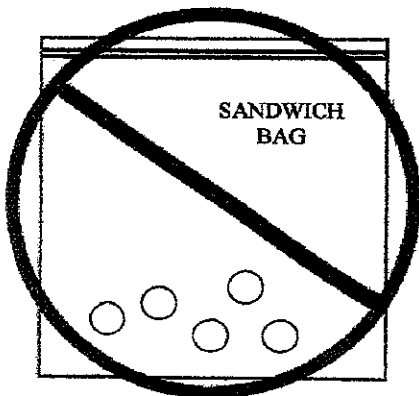
Parent Signature

Telephone Number

Name of Medication

Dosage

Frequency (how often to be given)



IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

The medication listed above must be supplied by the parent/guardian and must be in the original manufacturer's container with an original label containing dosage instructions. Please do not send OTC medications in baggies or other containers.

