

Solomon Lutheran Church & School

305 W. Main Street, Woodville, Ohio 43469 Phone: (419) 849-3600 FAX: 419-849-2260

Non-Prescription Medication Administration Request

Student Name		Grade
Name of Medication		
Dosage	Administration Time	
This medication is being gi	ven for the fo	ollowing reason:
Parent, please note-This me school personnel, not a school		be administered by
I authorize Solomon Luther medication to my child.	an School to	administer the above
Signature of Parent/Guardia	an	Date