



# Solomon Lutheran Church & School

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

## Prescription Medication Administration Request

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Address \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Administration Time \_\_\_\_\_ This medication is being given for the  
following reason:

\_\_\_\_\_

Physician, please note-This medication will be administered by school  
personnel, not a school nurse.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

All medications must be submitted for administration in the original  
package. I authorize Solomon Lutheran School to administer the above  
medication to my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Solomon Lutheran is a body of believers,  
fully alive in Christ,  
serving others,  
and growing in the gift of grace.