

Sarasota Lutheran School
5651 Honore Avenue
Sarasota, FL 34233
Telephone: 922-8164



Interim Principal: Faye Downing
Early Childhood Director: Sandy Sinkfield

Medication / Treatment Authorization Form

Student's Name _____

Date of Birth _____

The Legal Guardian permission segments of this form, signed and complete,
in addition to a written Physician's Authorization are required prior to administration.

Legal Guardian Permission

Name _____ Address _____

Home Phone _____ Business Phone _____ Emergency # _____

Medication / Treatment _____

Dosage _____ Time of Day _____ Reason _____

I hereby grant permission to the school principal or her designee to assist in the administration of the above prescribed medication and / or treatment to my child while in school and away from school while participating in official school activities (F.S. 232.46) IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL IF AND WHEN THESE ORDERS CHANGE. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and / or treatment where the person administering such medication and / or treatment acts as an ordinary reasonably prudent person would under the same or similar circumstances.

Signature of Legal Guardian _____ Date _____

School Use Only

Student's Name	Medication	Date	Time Given	Dosage	Method	Staff Initials
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