

**Lincoln Christian School**

**Parent Permission To Give Short-Term Medication**

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\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade/Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose (Amount)

\_\_\_\_\_  
Time To Be Given

\_\_\_\_\_  
Other Instructions

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_ ("Student") request that the school nurse or designated school representative administer the above medication to my Student. I have given the first dose of Student's medication at home, if applicable. I fully release and indemnify Lincoln Christian School, its employees, agents, and representatives from all responsibility and liability of any side effects, adverse reactions, or any other result of administration of the medication.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Phone Number

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Phone Number