



GSLs EMERGENCY PREPAREDNESS *CHILDREN REQUIRING PRESCRIPTION MEDICATION*

The purpose of the Good Shepherd Lutheran School Emergency Preparedness Plan is to ensure the health and safety of every child. If your child requires medication on a daily basis (or if in the case of an allergic reaction, an epi-pen or inhaler), we request that you provide the following as promptly as possible:

- 1 A 72 hour supply of your child's medication.
- 2 The container must have the pharmacy label, clearly indicating the child's name, medication, dosage and expiration date.
- 3 Enclose the container in a zip lock bag clearly labeled with your child's name as well as their teacher's name.
- 4 **Please fill out the attached information form and turn it in with the medication, to your child's teacher.*
- 5 This medication will be kept in the teacher's emergency backpack and returned at the end of the school year.

Thank you for your cooperation.



I authorize the G.S.L.S. Staff to administer the following medication to my child according to specific dosage instructions and only in the event of an emergency.

Child's Name: _____ Class: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Medication: _____ Prescribed by: _____

Dosage instructions: _____
(IMPORTANT: Please provide very specific instructions)

Possible side effects: _____

Additional information and/or precautions regarding medications or student's condition: _____

Allergies: _____