



**TRINITY EVANGELICAL
LUTHERAN CHURCH
AND SCHOOL**
CROWN POINT, INDIANA

*Together we hear, know and feed upon Jesus Christ, God's living
Word, growing in Him and sharing Him to the glory of God.*



Rev. David A. Easterday
Senior Pastor

Rev. David P. Kipp
Associate Pastor

John E. Schultz
School Principal

Paul R. Wendt
Dir. of Christian Education

Karol Ketcher
Music Director

Brandon D. Grelle
Dir. Of Contemp. Worship & Youth

STUDENT'S LAST NAME: _____

AUTHORIZATION FOR NON-PRESCRIPTION DRUGS

Date: _____

I/We, the parent(s)/guardian(s) of _____
request, authorize and give written permission to Trinity Lutheran School to administer the medication
below in accordance with the instructions provided. We agree to notify the school of any change in
circumstance concerning the administration of this medication.

MEDICATION: _____

DOSAGE: _____

HOW OFTEN: _____

FOR SYMPTOMS OF _____

Parent/Guardian Signature

Home Telephone

Work Telephone