



MARTIN LUTHER HIGH SCHOOL

5201 South 76th Street
Greendale, WI 53129
414.421.4000
Fax: 414.421.4071
www.MartinLutherHS.org

Student's Name _____

Martin Luther High School Medication Policy

Please fill out this form and return to the school office.

Non-prescription medications

Ibuprofen 200mg tablets are available

___ I give permission for my child to receive upon request for minor headache or other minor aches:

___ Ibuprofen: dosage _____

(A call to parent will be made automatically if child is exhibiting any symptoms of concern)

Parent Signature _____

Date _____