

Lakeland Christian Academy

Medication Orders and Consent

Child's Name _____ DOB _____

School Nurse _____

Phone __972-219-3939____ Fax __972-219-9601____

Condition for which medication is to be given at school and administration instructions:

All medication must be in the original, properly labeled container. All medications to be administered by the school must be FDA approved.

Medication	Route	Dose	Frequency	Indication for use
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1.

2.

3.

Physician Name _____

Office Number _____ Fax Number _____

Address _____

I request and authorize the school's registered nurse or authorized school administrator to administer the above medication as prescribed. I authorize the school's registered nurse and the prescribing physician to discuss or clarify a medication if needed. Elementary students are not permitted to transport medications to and from school. Parents must bring the medication to the office or school nurse office. This parental consent is valid until revoked or treatment change occurs.

Parent Signature: _____ Date: _____