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Legacy Christian Academy

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Medication Administration Consent Form

For school use:

- Routine
 As Needed

Start Date: _____

Medications should be administered by a parent or guardian before or after school hours, when possible. Initial doses of medication that a child has never taken before should not be given at school. Medication to be given at school should be accompanied by this form, complete with the prescribing physician's signature, and provided to the school in the original labeled container provided by the pharmacist who filled the prescription.

Student's Name: _____

Date of Birth: _____

School Year: _____

Grade: _____

Medical Condition	Medication	Dosage	Time	Route	Possible Side Effects
1.					
2.					
3.					

Other Considerations/Directions: _____

Start Date: _____

Stop Date: _____

- Administer until end of current school year.

(Print) Name of Physician/Licensed Prescriber

Signature of Physician/Licensed Prescriber

Clinic Address

Phone Number

Date

Parent/Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request the medication(s) to be given on field trips, as prescribed.
- I release school personnel from liability in the event of adverse reactions resulting from taking the medication(s).
- I will notify the school of any change in the medication(s) by completing a new consent form.
- I give permission for the administration to communicate with the student's teachers about the health condition and the action of the medication(s).
- I give permission for the administration to consult the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition being treated by the medication(s).
- I give permission for the medication(s) to be given by designated personnel as delegated by the administration.

Signature of Parent/Guardian

Date

(Print) Name of Parent/Guardian

Day Phone Number