

**LAKWOOD SCHOOL
MEDICATION AUTHORIZATION FORM**

Prescription Medication: Physician to complete Part A. Parent/Guardian to complete B. Return form to school. Additional forms are available at the school office.

Non-Prescription Medication: Parent /Guardian to complete Part B Only.

PART A - ONE MEDICATION PER FORM

Notice to school employess administering medication as designated by school officials to provide the following medication to the student as directed below.

Student Name: _____

Medication: _____

Dosage: _____

Route: _____

Time(s) Administered: _____

Reason for Medication: _____

Student may carry Medication for Emergency Purposes: _____ **Yes** _____ **No**

Give medication on: _____ **Empty Stomach** _____ **Full Stomach** _____ **N/A**

Additional directions / symptons: _____

NOTE: Designated school staff who dispense medication to the above student may call me at any time with questions or concerns related to this student's medical condition and medication.

DOCTOR'S SIGNATURE: _____ **DATE:** _____

DOCTOR'S NAME (please print): _____

ADDRESS: _____ **PHONE:** _____

PART B - ONE MEDICATION PER FORM

I hereby give permission to school employees designated by school officials to give medication to my child according to the following directions. I further give permission to school authoriteis to contact my child's physician regarding this medication. I will notify the school in writing at the termination of this request or when any medication changes occur.

Student Name: _____

Medication: _____

Dosage: _____

When to be given and how often: _____

Reason for Medication: _____

Additional Information: _____

I have read the Criteria for Dispensing Medication at school on the back of this page and agree to meet this criteria.

ALL Medication must be in a original, properly labeled container.

PARENT SIGNATURE: _____ **DATE:** _____

DAYTIME PHONE NUMBER: _____