



LAKE MARY

PREPARATORY SCHOOL

Permission to Administer Drug or Medication

Student's name: _____ Today's Date: _____

Date of Birth: _____ What dates will your child attend camp?: _____

Physician's name: _____ Physician's phone number: _____

If Lake Mary Prep finds it necessary for a student to receive a drug or medication during camp hours, and a parent or guardian is unable to make other arrangements, we must have authorization and specific instructions from the health care provider. The following information must be provided before any prescription or over the counter medication can be administered at camp. Please have a doctor's note accompany any prescription medication.

Medication name: _____ Prescription number: _____

Drug/Medication to be given (please circle):

Tablet Ointment Capsule Inhalation Liquid Other

Other (specify): _____

Dosage (amount to be given): _____

Side Effects (expected or predictable): _____

What to do if side effects occur: _____

No injection will be given except in extreme emergency cases

I request and give permission for the school to administer the above medication prescribed by my child's health care provider to be given during camp hours. I hereby release Lake Mary Prep and the employees from any and all liability that may result from the administration of the above medication.

I agree to deliver the medication to the school in a properly labeled container from the pharmacy and to comply with the medication policy.

Parent or Guardian's Name (printed)

Parent or Guardian's Signature

Telephone Number

Date