LUTHERAN SOUTH ACADEMY
12555 RYEWATER DRIVE · HOUSTON, TX 77089 PHONE 281.464.8299 WWW.LUTHERANSOUTH.ORG

PHYSICIAN'S MEDICATION AUTHORIZATION

Authorization for medication to be taken during school hours

STUDENT_____ GRADE_____ TEACHER_____

DATE OF BIRTH_____ DIAGNOSIS _____

MEDICATION_____ **DOSE** _____

ROUTE _____ **TIME**_____

*Medication is taken at home as follows: Dose_____ Time_____

Side effects _____ Special Instructions_____

MEDICATION_____ **DOSE** _____

ROUTE _____ **TIME**_____

*Medication is taken at home as follows: Dose_____ Time_____

Side effects _____ Special Instructions_____

_____ _____

PHYSICIAN SIGNATURE **DATE**

_____

PRINTED NAME

_____

PHONE NUMBER

This is permission to give medication to my child named above as requested by the physician. I understand that I am giving consent for the school nurse to discuss any concerns regarding this medication with the healthcare provider whose signature appears on this document in order to monitor the healthcare needs of my child. In the event home dose is missed, parent my call and give verbal phone request for missed dose to be given.

_____ _____

PARENT SIGNATURE **DATE**

This may be faxed to LSA nurse – 281-617-5591 *07/14*