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

15 DAY AUTHORIZATION FOR MEDICATION

To be administered during school hours

STUDENT_____ GRADE_____ TEACHER_____

DATE OF BIRTH_____ DIAGNOSIS _____

MEDICATION_____ **DOSE** _____

ROUTE _____ **TIME**_____ **DATES**_____

*Medication is taken at home as follows: Dose_____ Time_____

Side effects _____ Special Instructions_____

MEDICATION_____ **DOSE** _____

ROUTE _____ **TIME**_____ **DATES**_____

*Medication is taken at home as follows: Dose_____ Time_____

Side effects _____ Special Instructions_____

I am requesting that LSA employees administer the above medication to my child for 15 school days. I understand medications will only be administered if they are in the original bottle, correctly labeled and age dose appropriate. Medication will be given for dates stated above, not to exceed 15 school days. I understand that if this medication needs to be given after 15 school days, I will need to return a completed Physician Medication Authorization form with a doctor's signature. It is the parent's responsibility to pick up any medication that is expired or no longer being given.

_____ _____

PARENT SIGNATURE **DATE**

07/14