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

OTC AUTHORIZATION FOR MEDICATION

To be administered during school hours

STUDENT_____ GRADE_____ TEACHER_____

DATE OF BIRTH_____ DIAGNOSIS _____

WEIGHT_____

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 as needed. I understand medications will only be administered if they are in the original bottle, correctly labeled and age dose appropriate. I understand that LSA and its employees will not be held liable for any injury or side effects from administration of this medication. I understand that this medication authorization is only valid for one school year.

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PARENT SIGNATURE