

**AUTHORIZATION FOR
ADMINISTRATION OF
PRESCRIPTION MEDICINE**

**Fax Number:
(772) 461-2542**

3660 West Midway Road, Fort Pierce, FL 34981 (772) 461-2731

Top part to be completed by physician. Bottom to be completed by parent/guardian. Please return completed form to the school office.

This form is void if altered in any way

This request is to be effective for the school year _____ or earlier stop date: _____

Student's Name: _____ DOB or Age: _____

Medication: _____

Generic Name (If Used): _____

Dosage Amount: _____ Time to be administered at school: _____

Condition for which the drug is to be given: _____

Note any untoward side effects: _____

INHALENT PRESCRIPTIONS:

This student is both capable and responsible for self-administering this medication:

No Yes – Supervised Yes – Unsupervised

This student may carry this medication: No Yes

Physician/Legal Prescriber's Signature: _____

Name: _____

Address: _____

Telephone: _____ Date of Request: _____

I request the designated school personnel to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication at school. I understand that: (1) there is no liability on the part of Liberty Baptist Academy, its personnel, or agents for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication should be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, which ever occurs first.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication, or any change in medication requires a new form.

The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired.