Lake Country Christian School
7050 Lake Country Drive
Fort Worth, Texas 76179

Dear Parent or Guardian:

To comply with Lake Country Christian School's medication administration policy and Texas State Law, please review the following information for medication administration:

1. All medication must be brought to school and kept in the School Nurse's Office in a locked cabinet.

2. Both prescription and non-prescription medications must be brought to the school in their original, properly labeled container. Prescription medication must contain a current pharmacy label.

3. A medication authorization form must be signed for all medications that are to be administered to the student.

4. School personnel will not give any medicine, including over-the-counter medications and products, to students except as authorized by school policy and with a signed medication authorization form.

This policy is necessary to protect the health and safety of your child. We appreciate your cooperation in this matter for those reasons.

Sincerely,

LCCS School Nurse

*Please keep a copy of this form for future use, in case your child should need to take medication during school.

Medication Authorization Form

This form must be filled out completely in order for school health staff to administer medication to a student. A new medication authorization form must be completed at the beginning of each school year, for each medication, and each time there is a change in the medication's administration instructions. The following is required by the provider of the medication according to Texas Education Code's, Chapter 22, Section 22.052:

- ☐ Prescription and non-prescription medication must be delivered to school in its original container.
- ☐ The container must be properly labeled by a pharmacist or the prescribing physician.

Student's Name_____Sex_____

Date of Birth_____/_____/_____Teacher/Homeroom_____

Condition for which medication is being administered_____

Medication Name_____Dose_____Route_____

Times(s) of day to administer_____

Medication shall be administered from:_____/_____/_____to:_____/_____/_____

Possible side effects_____

Special requirements for administration/storage_____

Known Food or Drug Allergies: YES NO If Yes, please explain_____

Prescriber's Name_____Telephone _____

Address_____

Prescriber's Signature_____Date_____

I request that school health staff administer the medication as described above by my child's primary prescriber. I consent to medication administration for my child named above and agree to review and provide any special instructions for the administration of child's medication and share that information with my child's school health staff.

Parent/Guardian Signature_____Date_____

Cell Phone_____-_____-_____Home Phone_____-_____-_____Work Phone _____