

AUTHORIZATION TO ADMINISTER MEDICATION

Lake Orion Baptist School
255 E. Scripps Road
Lake Orion, MI 48360
248.693.6203, ext. 113
248.693.6177 (fax)

Dear Parent:

It is the policy of Lake Orion Baptist School to have written authorization to administer medication to a student during the school day. This written authorization releases Lake Orion Baptist School and its employees from any and all liability. All medications must be given out through the school office.

Non-prescription medications: Please return this completed form **along with the medication in the original packaging** your child is to receive to the school office.

Prescription medications: Please return this completed form **along with the medication in the original pharmacy container** with label listing the name of the doctor, phone number, type of medication and dosage information.

I hereby authorize school personnel to administer the following medication during school hours according to the directions prescribed below:

Student's Name: _____

Age: _____

Drug Name: _____

Dosage & Time : _____

Drug Allergies: _____

Additional Comments: _____

- ALL MEDICATIONS MUST BE SENT IN THEIR ORIGINAL CONTAINER

Parent's Signature: _____

Date: _____