



Medication Distribution Form

Please print and bring to school with medication

The following form is to be completed for any student in need of medication while on campus at Lighthouse Christian School. No medication of any kind will be given to your child until this information is completed and returned to school. This applies to both over-the-counter and prescription medication. All prescription medication must be in a pharmacy-labeled container. All over-the-counter medication must be in the unopened original container. If any changes in medication occur during the school year a new form must be completed along with a new pharmacy-labeled / unopened original container.

Student Name (Grade for 2022-2023)

Date of Birth

SECTION 1: OVER-THE-COUNTER MEDICATION

To be completed by the parent. May be administered as needed throughout the school year.

Name of medication

Exact Dosage / Amount to be Given

Special Instructions

SECTION 2: PRESCRIPTION MEDICATION

Must be completed by Health Care Provider - includes inhalers and epi pens.

Name of medication

Exact Dosage / Amount to be Given

Date / Time to be Given

Diagnosis for which medication is given _____

Special Handling Instructions: _____ Possible Side Effects: _____

Additional Comments:

SECTION 3 - Signatures:

The signatures below give consent for the student named above to be assisted in taking medication at school. This also authorizes, as needed, the sharing of information related to the child's health. The student's parent / guardian agree to comply with the policy listed in the parent-student handbook related to dispensing medication at school.

Parent Guardian Signature

Date

Phone

Physician Signature

Date

Phone

(REQUIRED only if Prescription medication is needed on campus)

** All medication must be delivered and retrieved by parent/guardian only. A student must never carry medication on his/her person or take medication at school, except in the clinic.*