



Parents must complete and submit the **PRESCRIBED MEDICATION FORM** in order to authorize Lexington Christian Academy (LCA) personnel to administer medication to students. Parents must update the form prior to each year the student is attending LCA. For your reference, LCA's Medical Guidelines can be found on the back of this form.

STUDENT INFORMATION

Name: _____

DOB: _____ Grade: _____

Allergies: _____

Emergency Contact: _____

Emergency Contact Cell Phone #: _____

FAMILY INFORMATION

Mother/Guardian: _____

Mother/Guardian Cell#: _____

Father/Guardian: _____

Father/Guardian Cell #: _____

Please complete the following for any prescription medication to be given during the school year or while attending a school trip. **MEDICATIONS WRITTEN IN BELOW MUST BE PROVIDED TO THE SCHOOL NURSE.**

MEDICATION	ROUTE	DOSAGE & TIME OF DAY GIVEN	COMMON SIDE EFFECTS & SPECIAL INSTRUCTIONS

CONDITIONS FOR ADMINISTERING MEDICATIONS

___ **INDEPENDENTLY** – Student has been trained and is proficient in self-administering medication and is aware that he/she may not share medication with anyone else. **Only students in grades 6-12 are eligible for independent self-administration.**

___ **ADMINISTRATION BY SCHOOL NURSE, DELEGATE, OR PARENT**

Physician's Name: _____

Phone #: _____

Physician's Signature: _____

Date: _____



INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

- I have read and agree with the school's medication guidelines as listed on the back of the Prescribed Medication Form.
- I request the above medication be given to my child during regular school hours as ordered by the physician/licensed prescriber. (This does not pertain to after-school activities.)
- I give permission for the medication to be given by designated personnel as delegated, trained, and supervised by the Licensed School Nurse.
- For prescription medication, I will provide the above-mentioned medication in the pharmacy labeled container.
- I authorize the Licensed School Nurse or designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication.
- I authorize the Licensed School Nurse or designee to communicate with appropriate school personnel regarding this medication for my child.
- I release school personnel from any liability in relation to the administration of this medication to the school.
- I will add the medication to the student's FACTS Family medication list.

PARENT NAME: _____ **PARENT SIGNATURE:** _____ **DATE:** _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY MAY 31, 2025. THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.

MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. (Medication prescribed three times per day can be given before school, after school, and at bedtime.) If a new medication is started, the first dose must be given at home, unless it is a rescue medication. The school will adhere to the following guidelines as it pertains to medication:

- 1) Administration of prescription medication by school personnel must only be done according to the written order of a licensed prescriber and written authorization of parent / guardian and Licensed School Nurse, regardless of the student's age.
 - Mixed dosages in a single container will not be accepted for administration at school.
 - If a half tablet is required for a correct dosage, it is the parent's / guardian's responsibility to provide pre-cut tablets for administration at school.
 - Altered forms of medication will not be accepted or administered at school.
 - Narcotics / medical cannabis will not be administered at school.
 - Aspirin-containing products will not be administered at school.
- 2) All prescription medication must be brought to and from school by a parent/guardian in its original container. The following current information must be on the prescribed container label: student's full name, name and dosage of medication, time, and directions for administration at school, physician/licensed prescriber's name, and date.
- 3) New consent from a licensed health care provider and parent/guardian signatures must be received each school year.
- 4) A new medication consent form is required when the medication dosage or time of administration is changed.
- 5) When a long-term daily medication is stopped, a written physician/licensed prescriber's order is requested.
- 6) Medication will be kept in a locked cabinet in the Nurse's Office unless authorized by the Licensed School Nurse and must not be carried by the student.