



Lighthouse Christian Academy
772 N. Hwy 51 * Mayo, FL 32066
Phone - 386.294.2994 Fax - 386.294.3449
www.lcamayo.com

Medication Form

Parental Permission for Dispensing Medication

All medication given to a child must be authorized by a written medication form with a parent signature. All medication must be in the original container, indicating the child's name, type of and date of prescribed medication, amount and time of dosage.

Name of Student _____

Teacher _____ Date _____

Name of Medication _____

Dosage _____

Time(s) of Dosage _____

Purpose of Medication _____

Possible Side Effects _____

I hereby give my permission for my child _____, to take the above medication at school as outlined.

Parent Signature

Date