

**AUTHORIZATION FOR ADMINISTRATION OF
NON-PRESCRIPTION MEDICINE
LAFAYETTE CHRISTIAN ACADEMY
220 Portland Avenue, Lafayette, LA 70507
Phone: (337) 234-9860, Fax: (337) 233-3555**

To be completed by parent/guardian. Please return completed form to the school nurse.

This Request Is To Be Effective For The School Year 20__-20__ Or Earlier Stop Date: _____

Student's Name: _____ Date of Birth or Age: _____

Medication: _____

Generic Name (If Used): _____

Dosage Amount: _____ Please Administer According To Manufacturer's Label For

Recommended Time Schedule When Needed At School For The Following Conditions Or Symptoms:

I request the designated school personnel to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication at school. I understand that: (1) there is no liability on the part of Lafayette Christian Academy, its personnel, or agents for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonable prudent person would have acted under the same or similar circumstances; (2) this medication should be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Cell Phone: _____

Non-prescription medication requests must be renewed by the parent/guardian and release signed by the parent/guardian annually. Each medication, or any change in medication, requires a new form.