



Authorization To Dispense Medication

I authorize Academy at the Lakes to assist with dispensing the following prescribed medication to my child. Please print all information except signatures.

Student name _____

Name Medication _____

Dosage _____

Time(s) _____

Amount counted # _____ to Academy at the Lakes by

Parent Signature _____

Amount counted by Academy at the Lakes staff member

_____ Signature _____ Date _____

All prescribed medications must be in their prescription bottles and will be counted and signed for in the presence of an office staff member and all non-prescription (OTC - over the counter) medications must be in a new, unopened container. Anything less will not be accepted or dispensed.



Authorization To Dispense Medication

I authorize Academy at the Lakes to dispense the following OTC medication to my child, with my consent at the time of administration.

Student name _____

Medication _____

Dosage _____

Time(s) _____

Amount counted # _____ to Academy at the Lakes by

Parent Signature _____

Amount counted by Academy at the Lakes staff member

_____ Signature _____ Date _____

All prescribed medications must be in their prescription bottles and will be counted and signed for in the presence of an office staff member and all non-prescription (OTC - over the counter) medications must be in a new, unopened container. Anything less will not be accepted or dispensed.