



## 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 \_\_\_\_\_ Reason \_\_\_\_\_

Time(s) \_\_\_\_\_

Amount counted # \_\_\_\_\_ to Academy at the Lakes by

Parent Signature \_\_\_\_\_

Amount counted by Academy at the Lakes staff member

# \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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*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 \_\_\_\_\_ Reason \_\_\_\_\_

Time(s) \_\_\_\_\_

Amount counted # \_\_\_\_\_ to Academy at the Lakes by

Parent Signature \_\_\_\_\_

Amount counted by Academy at the Lakes staff member

# \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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*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.*