

# Lake George Charter School

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## Permission for Medication

(One medication per form)

Name of Student: \_\_\_\_\_  
(Last Name) (First Name)

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone Number

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

The Lake George Charter School agrees to administer medication prescribed by a licensed health care provider.

It is the parent/guardian's responsibility to furnish all medication in the proper container.

Prescription medications must come in a container labeled with: student's name, name of medicine, dosage, time medicine is to be given, number of days medicine should be administered, Doctor's name, Pharmacy name and phone number.

Over the Counter medication must be packaged in the *original container* labeled with the student's name, dosage matching the Doctor's authorization, and the Doctor's name.