



\_\_\_\_\_  
Student Name (Last, First Middle)

\_\_\_\_\_  
Date of Birth

### 2023-2024 Medication Form

- Form must be completed by a doctor for all prescription medication.
- Form must be completed by a doctor or a parent/guardian for all over the counter medication.
- If you would like your child to take generic medications that we keep at LHJNA, you must give permission by completing this form.

This order is valid only for the current school year **2023-2024.**

**School:** Leonard Hall Junior Naval Academy.

*This form must be completed fully in order for the school to administer the required medication. A new medication administration form must be completed at the beginning of each school year for each medication, and each time there is a change in dosage, type, time, and route administration of a medication.*

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Directions for prescription medication from the prescriber must be included with the medication.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the school.

#### Over-the-Counter Medications

I, \_\_\_\_\_, give consent for the following over-the-counter medications to be given to \_\_\_\_\_ as directed by the manufacturer when needed. **Initial** next to each over-the-counter medication that you authorize certified LHJNA employees to administer when needed.

- \_\_\_\_\_ Tylenol (Acetaminophen)
- \_\_\_\_\_ Advil (Ibuprofen)
- \_\_\_\_\_ Benedryl (Diphenhydramine)
- \_\_\_\_\_ Hydrocortisone

You will be notified whenever any of these medications are given and why.

**Parent/Guardian Printed Name:**

\_\_\_\_\_  
**Parent/Guardian Signature:**

\_\_\_\_\_  
**Contact Phone Number and Email:**



\_\_\_\_\_  
**Student Name (Last, First Middle)**

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**Prescription Medication** *Must be completed by the prescribing physician. Additional sheets may be used if needed.*

1. Medication Name (Brand AND Generic):

\_\_\_\_\_

Dose: \_\_\_\_\_ Time/Frequency \_\_\_\_\_

Condition for Which Medication is Being Administered:

\_\_\_\_\_

Relevant side Effects:

\_\_\_\_\_

Duration of Administration \_\_\_\_\_

2. Medication Name (Brand AND Generic):

\_\_\_\_\_

Dose: \_\_\_\_\_ Time/Frequency \_\_\_\_\_

Condition for Which Medication is Being Administered:

\_\_\_\_\_

Relevant side Effects:

\_\_\_\_\_

Duration of Administration \_\_\_\_\_

**Prescriber/Physician Printed Name:**

\_\_\_\_\_

**Prescriber/Physician Signature:**

\_\_\_\_\_

**Contact Phone Number and Email:**

\_\_\_\_\_



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### **PARENT/LEGAL GUARDIAN MEDICATION AUTHORIZATION**

Name of Student: \_\_\_\_\_

I/We request designated school personnel to administer the medication as prescribed by the prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

I/We understand that it is my/our responsibility to furnish this medication.

I/We further understand that any school employee who administers any drug to my/our child, in accordance with written instructions from the prescriber and Leonard Hall Junior Naval Academy shall not be liable for damages as a result of an adverse drug reaction suffered by my/our child due to the administration of the drug.

I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

Parents/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_