



## SCHOOL HEALTH SERVICES

Dear Parent/Guardians:

If medication is needed during school hours, whether it is over-the-counter or prescription medication, please send the amount of medication needed during school hours, in the original container and within date, along with the completed form below. We will keep the medication and arrange for the student to receive the medicine as requested. It is a school policy that students not carry any medication with them on school property.

Thank you for your assistance with this matter.

Respectfully,

Jessica Hunter, RN  
Tiffiney Burleigh, RN

LCA School Nurses

**MEDICATION/TREATMENT REQUEST FORM**

I request the nurse, or designated assistant, to give my child

\_\_\_\_\_  
(Name of Student)

Grade \_\_\_\_\_ Teacher/First Period Teacher \_\_\_\_\_

The medicine prescribed by \_\_\_\_\_  
(Name of Licensed Prescriber)

Name of Medicine \_\_\_\_\_

Dose to be given \_\_\_\_\_

Time to be given \_\_\_\_\_ Date to Stop Medication \_\_\_\_\_

☐ Keep Medication at School

☐ Return Medication Home

At the end of the school year, please return my child's medicine by (check one):

☐ Sending it home with my child

☐ Holding all medicine in the clinic to be picked up by parents  
(all medicine will need to be picked up no later than 5/22/26)

I give my permission for school personnel to administer prescribed medication listed above. I agree to allow this information to be shared with adults responsible for my child's care. I understand that I am responsible for providing the school with the prescribed Medication in the amount needed and in its original container with label intact as needed by my child. I hereby release Liberty Christian Academy School Board and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Licensed Prescriber \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Prescriber \_\_\_\_\_