

**First Academy – Leesburg**

**Medication Consent Form**

*Medication must be brought to school by the PARENT, never the student. All medication must be in the original container with a current date. Thank you.*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

**Name of medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time(s) to be given:** \_\_\_\_\_

**Instructions on the administration of medication (i.e., take with water, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Reaction(s) that may occur, if known:** \_\_\_\_\_

\_\_\_\_\_

**Child's known allergies:** \_\_\_\_\_

I request First Academy-Leesburg to administer the above medication to my child:

\_\_\_\_\_  
Signature of Parent or Guardian  
(Required)

\_\_\_\_\_  
Date