



**FIRST ACADEMY  
LEESBURG**  
INSPIRING ACADEMIC EXCELLENCE

## 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