



Leesburg Christian School

A ministry of Believers Baptist Church

"The Christian School with a Heart for the Home School Minded Parent"

AUTHORIZATION TO GIVE MEDICATION

Student's Name: _____ Date: _____

Leesburg Christian School has my permission to administer the following drugs and medications:

Drug Name and/or Prescription Number: _____

Dosage Amounts: _____

Times to be given: _____

Special instructions, if any: _____

MAY LCS ADMINISTER ROUTINE MEDICAL TREATMENTS (TYLENOL, IBUPROFEN, AND BANDAGES)?

_____ YES _____ NO (The office will **attempt to contact Parent/Guardian before administering.**)

LEESBURG CHRISTIAN SCHOOL AGREES TO NOTIFY THE PARENT/GUARDIAN WHEN HIS/HER CHILD BECOMES ILL, AND THE PARENT/GUARDIAN AGREES TO PICK UP THE CHILD AS SOON THEREAFTER AS POSSIBLE.

The parent(s)/guardian authorizes **Leesburg Christian School** to obtain immediate medical care and/or hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if any emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

This authorization is effective until _____ Signature of Parent/Guardian _____

MEDICAL INFORMATION

Child's Allergies (if any) _____

Child's Doctor _____ Telephone Number _____

Family Doctor _____ Telephone Number _____

Medicine Child is taking: _____ Date of last Tetanus Shot: _____

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.) _____

INSURANCE INFORMATION (LCS not responsible if student has no coverage from personal insurance)

Insurance Company _____ Id No./Policy No. _____ Group# _____

Insurance Company Address _____

Subscriber's Name _____ Subscriber's Place of Employment _____

Subscriber's Telephone Number _____

If your child needs to be sent home from school due to a local emergency (snow, tornado, etc.), and you should not be home, to whom may he/she be sent? (If more than one, please state)

Name _____ Address _____ Phone _____

If you do not have access to a radio during one of these emergencies, please note:

Where we can reach you _____ or guardian _____

I AUTHORIZE LCS TO ALLOW MY CHILD(REN) TO PARTICIPATE IN ALL FIELD TRIPS.(THIS INCLUDES PARTICIPATION IN JV OR VARSITY SPORTS EVENTS, IF MY CHILD IS A TEAM MEMBER).

Parent Signature _____ Date: _____