

LEGACY PREPARATORY



CHARTER ACADEMY

Mesquite West Legacy
Preparatory Charter Academy
2727 Military Pkwy.
Mesquite, Texas 75149

Plano Legacy Preparatory
Charter Academy
601 Accent Dr.
Plano, Texas 75075

Legacy21, Inc. Vision:

Legacy Preparatory Charter Academy will serve as a model school of excellence, addressing the diverse needs of students, their families, and their communities, as we prepare all students to be college- and career-ready leaders through imparting knowledge, developing intellectual and emotional independence, and instilling moral values that will prepare them for 21st century achievement.

Dr. Rebecca Good,
Superintendent

Permission Form for Prescribed Medication

Date form received by the school: _____

Student: _____ Date of birth: _____

Grade: _____ Teacher/Classroom: _____

To be completed by the physician or authorized prescriber

Reason for medication: _____

Name of medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer

Other _____

Instructions (Schedule and dose to be given at school): _____

Start: Date form received Other date: _____

Stop: End of school year Other date/duration: _____

For episode/emergency events only

Restrictions and/or important side effects: none anticipated

Yes. Please describe: _____

Special storage requirements: None Refrigerate

Other: _____

This student is both capable and responsible for self-administering this medication:

No Yes-supervised Yes-unsupervised

This student may carry this medication: No Yes

Please indicate if you have provided additional information:

On the back of this form As an attachment

Date: _____ Physician's phone number _____

Physician's Signature: _____

Physician's Name: _____

Address: _____

To the school: Please report concerns about medications or disease to the above physician.

To be completed by parent/guardian:

I give permission for (name of child) _____

to receive the above medication at school. I realize that the medication may be given by someone other than a medically trained person. I also realize that the school or person administering the medication will not be held liable for any adverse reaction to the medication when administered as directed by the prescription.

Date: _____ Signature: _____