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Dear Parents,

Welcome to 2024-2025 at Lanaar School! Please review the following and accompanying materials to help us begin and maintain a healthy, safe school year together.

All parents must submit the following medical forms before their child can begin school. By law, no student can come to school until we have these on file. All the medical forms should be scanned and emailed to the school.

Student Health Examination Form (DH3040): This form is supplied by your physician or health care provider. The physical exam must be dated within six months of the first day of school.

Certificate of Immunization Form (Form 680): This form is supplied by your physician or health care provider. This form must list all current immunizations.

In addition to compliance with all other immunization requirements, children entering the seventh grade in Florida schools must complete the following:

- One Tetanus-diphtheria-acellular pertussis (Tdap)

PLEASE NOTE: Lanaar requires students to be immunized. We do not accept religious exemptions.

In addition, parents are required to fill out the authorization for over-the-counter medication on the next page. Students who do not have this form turned into the school office will not receive any over the counter or prescribed medications, for any reason. This form must be completed annually and kept on file in the office. Any change in medication would require that you submit a new form. According to school policy, if you list any medications not already included in the school's form, you must supply them to the office. A form is still required even if you do not want medication administered.

Please be in touch with any questions you may have. Thank you for your attention to this important policy.

Thank you and warm regards,
Lanaar School

Return Completed Forms to:

office@lanaarschool.org

Lanaar School
20400 NE 30th Ave.
Miami, FL 33180

"חנך לנער על פי דרכו גם כי יקין לא יסור ממנו"

"Educate a child according to his way; even when he grows old,
he will not turn away from it" - Mishlei



AUTHORIZATION FOR OVER THE COUNTER/ PRESCRIPTION MEDICATION/TREATMENT

Must be completed before your child's first day of school.

Student Name: _____ DOB: _____ Grade: _____

Allergies: _____ Diagnoses: _____

This student may have the following medications if needed during school hours and on school trips or functions. All doses are per label instructions.

Advil	Yes	No	Cough Drops	Yes	No
Aleve	Yes	No	Eye Drops (Visine)	Yes	No
Arnica	Yes	No	Hydrocortisone Cream 1%	Yes	No
Benadryl Oral	Yes	No	Motrin	Yes	No
Benadryl Topical	Yes	No	Neosporin	Yes	No
Contacts-Rewetting Drops	Yes	No	Tums	Yes	No
Contacts: Solution	Yes	No	Tylenol	Yes	No

Other: _____

Prescription medication to be given at school:

Medication	Dose	Date (From-To)	Frequency

Special Instructions (if any): _____

The maximum period of time for an authorization is one year.
 All medication must be provided with an original prescription form and medication must be in the original container, with the child's name, the name of the medication, and the dose of the medication indicated on the prescription label. Expired medication will not be accepted.



PARENTAL PERMISSION FOR MEDICATION/TREATMENT
(TO BE COMPLETED BY STUDENT'S PARENT/GUARDIAN)

I grant the nurse or designee the permission to assist or perform the administration of each medication or treatment/procedure listed on the previous page to or for my child during the school day including when he/she is away from school property for official school events. I understand that the information concerning my child's medical condition will be provided to all applicable school personnel and administrators to facilitate awareness and proper medical care throughout the day.

NOTE:

- **Prescription medications must be supplied in the original pharmacy labelled container.** Ask the pharmacist to divide the medication into two completely labelled containers, providing one for home and one for school.
- School personnel may administer only medications/treatments authorized by a physician.
- It is your responsibility to notify the school when there is a change in medication or treatment regimen.

Date signed

Student Name (Printed)

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Physician Name (Printed)

Physician Phone Number

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office@lanaarschool.org