

PRESCRIPTION MEDICATION FORM

This form is required for long-term (2 weeks or more) medications needed during school hours or while on school field or sports trips.

Student Name: _____

Date of Birth: _____ Current Grade: _____ Today's Date: _____

I request that Frederica Academy, through the school nurse or designee, supervise/assist in the administering of medication to my child, according to the instructions contained in the statements below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.).
- Pharmacist can provide a duplicate labeled container for school use.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the School Nurse.
- It will be the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed and a newly labeled container is provided.
- All medication will be taken directly to the clinic by the parent.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.
- Students who violate these rules will be in violation of our Alcohol/Illegal Drug use policy.

Diagnosis: _____

Name of Medication: _____

Dose: _____ Route _____

Time(s) to be given: _____ Stop Medication on: _____

Possible Side Effects, if any: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Signature: _____ **Date:** _____

I hereby authorize the personnel, employees and officials of Frederica Academy to assist my child in taking prescribed medication according to school policy. I understand that, in the event of a change in medication, I am responsible for presenting a new prescription medication form.

Signature of Parent/Guardian: _____ **Date:** _____

Home Phone: _____ Work Phone: _____ Cell Phone : _____