Albemarle County Public Schools
Parent's Request for Giving Medicine at School

Fax Numbers:

Agnor-Hurt	974-7046	Stone Robinson	296-7645
Baker-Butler	964-4684	Stony Point	973-9751
Broadus Wood	973-3833	Woodbrook	973-0317
Brownsville	823-5120	Yancey	286-4040
Cale	293-2067	Burley	984-4975
Crozet	823-6470	Henley	823-2711
Greer	973-0629	Jouett	975-9325
Hollymead	978-3687	Sutherland	975-0852
Meriwether Lewis	979-3850	Walton	296-6648
Murray Elem.	979-5416	AHS	974-4335
Red Hill	293-7300	Monticello	244-3104
Scottsville	286-2442	Murray High	979-6479
		WAHS	823-8711

Parent's Request for Giving Medicine at School

Please send this form to the school when needed. All areas on this form must be completed for school staff to administer the medication. Please print.

Please have the school nurse, or a member of school staff, administer to: _____
the following medication: (name of child)

(Check one) _____ Certain prescription medication specified below or

_____ Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. **I also understand I am to provide all medication administered to my child in its original container.** For prescription medication my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: _____ Name of Medication: _____

Exact dosage to be given: _____ Time of day to be administered: _____

Reason for medication: _____

Duration for medication: _____

Special Instructions: _____

_____ _____ _____

Signature of Physician/Date (for prescription medication) | Name of Parent | Home Telephone

_____ _____ _____

Physician telephone (for prescription medication) | Signature of Parent or Guardian/Date (for all medication) | Daytime Telephone