



Phone: 704-237-5333 Fax: 704-973-9594

MEDICATION ADMINISTRATION FORM

TO BE COMPLETED AND SIGNED EACH YEAR BY PHYSICIAN/DESIGNEE AND PARENT

NON-PRESCRIPTION MEDICATIONS

Absolutely no medications (non-prescription ,over the counter, or prescription) will be administered by either school personnel or self (student) without the written authorization of a physician/designee and parent. Dosages for all medications will be administered according to manufacturer’s recommendations on the label unless otherwise indicated by physician. *** Generic Substitutions may be used for non-prescription medications listed. Please submit a new form during the school year if there are changes or additions. This form will also be the authorized form used for off campus activities, including overnight trips.

****TO BE COMPLETED AND SIGNED BY PHYSICIAN/DESIGNEE AND PARENT/GUARDIAN:**

Student's name _____ D.O.B. _____ Grade/AP _____

Drug Allergies (if none, state none) _____

Non-Prescription Medications in Clinic:

- Tylenol Tylenol liquid Cough Drops Ibuprofen Ibuprofen Liquid
- Benadryl liquid 12.5 mg/ 25mg Tums Mylanta Neosporin Ointment
- Hydrocortisone Ointment **All of the Medications Above** **None of the Above**

Other _____

Physician Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____



PARENTAL PERMISSION / HOLD HARMLESS STATEMENT

I, the parent/guardian, authorize the school administrator or school nurse to direct members of the school staff to assist my child in taking the above medication(s) and agree that I will not hold liable any member of the school staff or an individual of official capacity who is directed by me (parent/guardian) and the school administrator or school nurse to assist my child in taking said medication.

Parent / Guardian Signature _____ Date _____