



NEW HANOVER COUNTY

HEALTH & HUMAN SERVICES

1650 Greenfield Street, Wilmington, NC 28401

HHS.NHCgov.com

Health | P: (910) 798-3500 | F: (910) 798-7834

Social Services | P: (910) 798-3500 | F: (910) 798-7824

Donna Fayko, M.Ed, Director

Jonathan Campbell, Director Public Health | Tonya Jackson, MBA, Director Social Services

SHORT-TERM PRESCRIPTION MEDICATION PARENTAL PERMISSION FORM

- **PRESCRIPTION MEDICATION ONLY**
- **Medication must remain in Nurse's office and will not be sent back and forth with child each day**
- Will only be administered for 2 WEEKS OR LESS
- **MUST** be in a **pharmacy container** with a **current pharmacy label** and include student name, medication, dose, time of administration, date filled, expiration date

STUDENT: _____ DATE OF BIRTH: _____

PURPOSE: _____

*MEDICATION: _____ *DOSE: _____ *ROUTE: _____

(***Must match prescription label**)

TIME(S) TO BE ADMINISTERED: _____

Side effects/contraindications: _____

START DATE: _____ END DATE: _____

Parent/Guardian Signature

Daytime Phone

Date

RN Signature

Date