FAYETTEVILLE ACADEMY

Empower your journey. Elevate your future.

School Medication Form

When complete, please return this form to the school nurse at Fayetteville Academy.

910.868.7351 (Fax) 910.868.5131 x.3323 (Phone) Katherine Vanias kvanias@fayacademy.org

School Year: ______________________ Teacher/Grade: ______________________

Student Name: ______________________ Birthdate: ______________________

In order to help protect your child's health, your consent **and** written authorization from a health care provider with prescriptive authority is required when it is necessary for your child to receive prescription and/or non-prescription medicines.

Parent or Guardian's Permission: I give permission for my child to receive this medicine during school hours. I also give permission for school staff to contact the prescribing healthcare provider with questions/concerns. I understand that it is my responsibility to purchase and supply this medicine in its original container. On behalf of my child, I absolve the Fayetteville Academy Board and their agents and employees from any and all liability whatsoever that may result from my child taking this medicine at school.

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Signature of Parent/Guardian Date Parent Printed Name

Medication: ______________________ Strength/Dose: ______________________

Diagnosis: ______________________

Specific Directions

How often and/or at what time (hour): ______________________

Purpose of medication: ______________________

Relationship to meals, if applicable: ______________________

Special indications: ______________________

Other information: ______________________

It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance. Please notify the school division director, school nurse, and parents/guardians if there are any problems.

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Signature of Provider Date Telephone Fax

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Provider last name (print) Practice Name & Address

Date Received/By: ______________________ School Nurse Review: ______________________

Location of Meds: ☐ On student, emergency medication only ☐ In Health room ☐ In Classroom