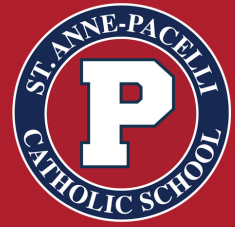


Prescription Medication Administration Form



Georgia State Law prohibits a school from administering medication to students without written permission of their parent/guardian, and without written instructions from the student's doctor. THIS APPLIES TO ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATION. This form must be filled out and brought to the school office or faxed to the school at 706-563-0211.

Medication must be signed in at the school office in its original prescription bottle, properly labeled by a registered pharmacist. Instructions for administration must be included on the bottle.

THE SCHOOL WILL NOT BE ABLE TO GIVE YOUR STUDENT ANY MEDICATION UNTIL THE FORM BELOW IS COMPLETED BY THE PARENT/GUARDIAN.

Personal Information

Request for Administration of Prescription Medication at St. Anne-Pacelli Catholic School

Student Name _____ Grade _____

Name of Medication _____ Dosage & Route _____

Specific Time to Be Administered at School _____

Duration of Time to Be Administered _____

Possible Side Effects _____

Doctor's Name _____ Doctor's Contact Number _____

Date _____

I request that my student _____ receive the medication as prescribed above by Dr. _____ for the time period and under the circumstances listed above. I acknowledge that it is my responsibility to notify, in writing, St. Anne-Pacelli Catholic School when either the condition of my student may require a change in the dosage or the frequency of the administration of medication, as well as any change in the doctor's order.

Parent/Guardian Signature _____ Date _____