

Brandon High School

Dr. Bryan Marshall - Principal

Dr. Brian Gaddie - Assistant Principal
Mr. Clay Garner - Assistant Principal
Mr. Nick Thomas - Assistant Principal

Mrs. Nichole Robinson - Assistant Principal
Dr. Jocelyn Whipps - Assistant Principal
Mr. Cory Jordan - Transportation Supervisor

Documents Required for Enrollment

Must have all of the following to enroll at Brandon High School:

- ____ Withdrawal form with current grades
- ____ Discipline Report
- ____ Student's Birth Certificate
- ____ Student's Social Security Card
- ____ A Certificate of Immunization Compliance (Form 121 or the computer-generated version of the form from the Mississippi State Department of Health)
- ____ Proof of Residency
- ____ Custody Papers (initial if no custody papers)
- ____ Has your student been previously enrolled in a Rankin County school at any time?
- ____ What is the name of the school attended? _____
- ____ Has your student attended school before enrolling at BHS?
- ____ Was your student in good standing at the previous school?
- ____ Does your student receive special services or have an IEP?
- ____ Copy of the driver's license of the parent enrolling the student

Parent/Guardian Signature

Date

3090 Highway 18, Brandon, MS 39042 | Phone: 601-825-2261 | Fax: 601-591-1037





RANKIN COUNTY SCHOOL DISTRICT RESIDENCY REGISTRATION VERIFICATION

Name of Student Grade

Name of Parent / Guardian

Parent / Guardian Physical Address (A P.O. Box is Not Acceptable for an Address)

Please check if your address has changed since the previous school year.

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above-cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent, or guardian with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent, or Guardian

Date

Telephone #

TO BE COMPLETED BY SCHOOL DISTRICT

Indicate which documents you have on file by checking one in Group I and Group II and if applicable check one in A and B for Group III / Affidavits.

GROUP I (ONE FROM THIS LIST)

Filed Homestead Exemption Application Form Mortgage Documents or Property Deed

Apartment or Home Lease/Rental Agreement

Note: Any unofficial lease/rental agreement (handwritten/computer generated must be notarized)

GROUP II (ONE FROM THIS LIST) CURRENT UTILITY BILL (DATED WITHIN THIRTY DAYS OF VERIFICATION OF RESIDENCE).

ACCEPTABLE BILLS:

Electricity Gas Landline telephone Cable / Satellite Television Programming Water Internet

Note: A driver's license or voter identification are not acceptable.

GROUP III/AFFIDAVITS

Custodial parent(s) residing with an adult in a home not owned or rented by the custodial parent(s) will present documents to show legal custody. The non-custodial adult in the home must prove residency through Group I and Group II (above) and provide a notarized affidavit. In addition, the custodial parent(s) will present one item from Section A (below) and one item from Section B (below). Items from Section A and B must show residency property address.

SECTION A

Valid Mississippi Driver's License or State Issued Photo Identification

SECTION B

Current car tag registration showing residency property address; or government mailing
(current mailing from any county, state, or federal agency)

DATE

SCHOOL DISTRICT REPRESENTATIVE

LEGAL REFERENCE: MS Code Annotated 37-15-31 (1993 Supp.) State Board Policy 7301JFAA 7-17-13

IN ORDER TO COMPLETE YOUR AFFIDAVIT PROCESS YOU MUST CONTACT TARA ROBINSON, RESIDENCY SPECIALIST.

TARA.ROBINSON@RCSD.MS | 601.825.5590

Residency Registration

AFFIDAVIT OF RESIDENCY VERIFICATION

If you need to complete a 2022-2023 Affidavit of Residency, please contact Tara Robinson at 601-825-5590 to schedule an appointment.

The Affidavit of Residency Verification must be completed every year before students can complete registration and attend classes. The Primary Owner/Lessee of the Residence and Additional Resident must both reside at the same address and come together to complete the process. The Additional Resident must have primary legal custody of the student. All forms will be notarized at the RCSD Central Office located at 1220 Apple Park Place, Brandon, MS 39042.

HIGH SCHOOL ENROLLMENT FORM



- ☒ Brandon High
- ☐ Florence High
- ☐ McLaurin AC
- ☐ Northwest Rankin High
- ☐ Pelahatchie AC
- ☐ Pisgah High
- ☐ Puckett High
- ☐ Richland High

FOR OFFICE USE ONLY			
School Documentation	✓	Required Documentation for Enrollment Received	✓
Homeroom Teacher		Withdrawal / Current Grades	
Student Scheduled		College Transcript (if Applicable)	
Record Requested		Birth Certificate	
Record Received		Social Security Card	
		(2) Proofs of Residency	
Township / Range		MS Immunization Form	
MSIS #		Legal Paperwork (if Applicable)	
Bus Number or Mode of Transportation AM _____ PM _____			

ALL ENROLLMENT FORMS MUST BE COMPLETED BY A LEGAL PARENT/GUARDIAN.

DATE: _____ GRADE: ☐ 9th ☐ 10th ☐ 11th ☐ 12th TEACHER: _____

STUDENT DEMOGRAPHIC INFORMATION

Student's Name: _____
LAST FIRST MIDDLE

Residence Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ SSN: _____ Ethnicity: _____ Gender: _____
A, B, H, NA, PI, W

*Birth Certificate #: _____ *Immunization Date: _____

Place of Birth: _____
CITY COUNTY STATE

Parent / Guardian Name: _____ Telephone: _____

Briefly list student's medications or special health problems: _____

Please provide a valid email address for important updates and correspondence.

Email Address: _____

In case of emergency or serious illness, I request school officials to contact me. If the officials can not reach me, school officials may seek appropriate medical attention. _____ (Initial)

PREVIOUS EDUCATIONAL INFORMATION

Last school attended: _____

Grade: _____ School Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Has student ever been enrolled in this district? ☐ Yes ☐ No If yes, _____ When? _____
NAME OF SCHOOL YEAR

SPECIAL SERVICES

Was student receiving special services at previous school?

Gifted ☐ Yes ☐ No SPED ☐ Yes ☐ No Speech ☐ Yes ☐ No ELL ☐ Yes ☐ No 504 ☐ Yes ☐ No

DISCIPLINARY INFORMATION

Has the student been suspended / expelled from any school? YES ☐ NO ☐ Dates: _____

Is the student a party to an expulsion proceeding from any school? YES ☐ NO ☐

If Yes to either question, give name/address/phone number of school _____

Requirements of the board of Trustees of the Institutions of Higher Learning for entrance to the four-year state colleges and universities are listed in the Rankin County School District Curriculum Guide.

**Students who entered 9th grade in 2005-2006 and thereafter will be required to earn four units of math and four units of science, with at least one being taken the senior year.

In order to receive a Rankin County High School Diploma, a student must pass the subject area test in U.S. History from 1877, English II with writing, Biology I, and Algebra I.

For Office Use Only

Credits to Date: _____ Required Courses Needed: _____

PARENT / GUARDIAN / STEP-PARENT / SIBLING INFORMATION

Student Living with: _____ Relationship: _____

FIRST & LAST NAME

If you are not the parent, do you currently have guardianship? YES ☐ NO ☐ (Documentation Attached)

MOTHER / STEP-MOTHER / GUARDIAN (Please Circle One)

Full Name: _____

LAST

FIRST

MAIDEN

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Place of Employment: _____ Work Phone #: _____

FATHER / STEP-FATHER / GUARDIAN (Please Circle One)

Full Name: _____

LAST

FIRST

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Place of Employment: _____ Work Phone #: _____

NAME(S) AND AGE(S) OF BROTHERS AND SISTERS: _____

PLEASE NOTE: Students are allowed access to BOTH parents unless there are copies of COURT documents in the student's cumulative records that state otherwise. If any legal actions that affect the child are still in process, current copies of legal documents must be in the child's cumulative folder until the process is completed. Please attach any court documents and explain restrictions concerning your child.

Students coming from a non-accredited school or home school will be temporarily placed upon completion of the registration requirements. Placement test(s) will be administered as soon as possible to determine permanent grade/class placement.

* A birth certificate may be obtained from the State Board of Health from the capital of the state where the child was born. An immunization record may be obtained from the county health department or private physician.

I have read the above requirements. I understand that my child WILL NOT BE ENROLLED UNTIL I HAVE PROVIDED THE SCHOOL WITH ALL REQUIRED DOCUMENTATION.

Parent / Guardian Signature: _____ Date: _____

Rankin County School District grants equal educational opportunities to all students regardless of race, creed, color, sex, national origin, marital status, religion, or disability.

Please continue to page 3



RANKIN COUNTY SCHOOL DISTRICT PERMISSION FORM FOR THE PUBLICATION OF STUDENT PHOTOGRAPHS AND WORK

Date: _____

I understand that from time-to-time the school or the Rankin County School District (RCSD) may wish to publish student names, photographs, vocal and video recordings, projects, and/or other student work in electronic (radio and TV), print (newspapers, magazines), digital or electronic publishing via the Internet/websites, including school and RCSD websites, and other media outlets for the purpose of gaining positive publicity for the RCSD. Please let us know what you would like for us to do in regards to your child.

☐ YES, I give permission to have my child's work/project, name, vocal and video recordings, and photograph submitted to the media and posted on the Internet or on the District website for the purpose of gaining positive publicity for the school or school district.

☐ NO, I would prefer that my child's work/project, name, vocal and video recordings, and photograph not be submitted to any media nor posted on the Internet or on the District website for the purpose of gaining positive publicity for the school or school district.

If you checked "NO," please sign your initials in this blank to indicate that your child's photograph may be used in your school's yearbook: _____

Student's Name (print): _____

Student's Grade: _____

Student's School (print): **Brandon High School**

Parent or Guardian's Name (print): _____

Parent or Guardian's Signature: _____

Principals: Please keep all original copies for your files and submit only copies of "No" responses to the RCSD Public Relations Department

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CHILD CUSTODY INFORMATION

The parent with whom the child resides will be considered the custodial parent. The parent listed on the custodial papers as the parent who has legal physical custody is the only parent who can enroll the student. The custodial parent must provide all necessary residency. However, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

1. Child's legal name: _____

2. Name of the **custodial parent** with whom the child resides: _____

3. Name of **non-custodial parent**: _____

4. Have you ever been married to the co-parent of your child YES NO
(If no, stop here and sign at the bottom)

5. Do you, as the custodial parent, have **legal physical custody** through a court order?
YES _____ NO _____ PENDING _____ Date Finalization Expected _____
(If pending, please inform the school when finalized)

6. If there is a court order, does it limit the non-custodial parent's access to school records or school information?
YES _____ NO _____ (If so, a copy must be supplied to the school)

7. May the child be released from school to the non-custodial parent?
YES _____ NO _____ (court order must state this)

Please provide any additional information regarding custody of which the school should be aware.

Date

Signature of Custodial Parent

3090 Highway 18, Brandon, MS 39042 | Phone: 601-825-2261 | Fax: 601-591-1037





Rankin County
School District

TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT EMERGENCY CARD

Student's Name: _____
LAST FIRST MIDDLE PREFERRED

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ Birthday: _____ Age: _____ Race: _____ Gender: _____

PARENT/GUARDIAN NAME	EMAIL ADDRESS	PLACE OF EMPLOYMENT & PHONE NUMBER	CELL PHONE / PAGER
MOTHER			
FATHER			

1. Do both parents have custody of the student? Yes ☐ No ☐
2. If no, are the most current court papers on file in the school office? Yes ☐ No ☐
3. Are both parents allowed to check the student out of school? Yes ☐ No ☐
4. I wish to receive text messages and/or emails from the school and district Yes ☐ No ☐

Please check your child's primary mode of transportation.

☐ Car Rider: _____ AM _____ PM ☐ Bus Rider): _____ AM _____ PM
INCLUDE BUS NUMBER
☐ Walker: _____ AM _____ PM ☐ Daycare: _____ AM _____ PM
INCLUDE NAME

***I understand that transportation changes must be made in writing by a note sent
with my child, brought to school by a parent, or faxed to the school office.***

My child may be checked out of school or (in emergency medical situations or other situations involving my child's care) be left in the care of individuals listed below and only those individuals. I understand that only the individuals listed may check my child out of school.

NAME OF INDIVIDUAL	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE / PAGER

****You must have a minimum of three working telephone numbers on this emergency card at all times.
Please contact the school if any of your telephone numbers change.**

If I cannot be reached, the school has my permission to secure the most readily available medical services and, if necessary, have my child transported to the nearest emergency care facility. I understand that I will be responsible for any cost related to this action.

Signature: _____ Date: _____

Describe any health condition or medical problem that may restrict or limit your child's school activities: _____

Allergies: _____

Please list the name and telephone number of local physician: _____



RANKIN COUNTY SCHOOL DISTRICT EMERGENCY CARD

School Name: _____

Teacher Name: _____ Grade: _____

Please initial **ONE** of the following regarding the **discipline procedures** involving my child.

_____ I DO NOT OBJECT to my child being paddled/spanked.

OR

_____ I prefer that paddling/spanking NOT be used as a consequence. I will PICK UP my child IMMEDIATELY if a severe problem is encountered.

STUDENT NAME				
	DATE	TIME	REASON	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



Rankin County
School District

TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT RACE / ETHNICITY SURVEY

School Name: _____ Date: _____

Student Name: _____ Grade: _____

Is the student of Latino / Hispanic heritage? YES ☐ NO ☐

Please select the appropriate race from list. More than one may be selected.

☐ Asian

☐ Native American

☐ Black

☐ Pacific Islander

☐ Hispanic

☐ White

*Information is necessary to implement the Office of Management & Budget's (OMB) Standards for
Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity. (1997 Standards)*



RANKIN COUNTY SCHOOL DISTRICT ENCUESTA DEL IDIOMA UTILIZADO EN LA CASA

La Oficina de Derechos Civiles (OCR) requiere que las autoridades educativas locales identifiquen aptitud limitada en inglés (LEP) a fin de proporcionar programas apropiados de enseñanza del idioma para ellos. Mississippi ha seleccionado la Encuesta de Idioma del Hogar el método para la identificación. EL HLS debe ser administrado a todos los estudiantes al inscribirse en la escuela.

LEA: Rankin County School District Fecha: _____

Escuela: _____

Nombre del Estudiante: _____ Grado: _____

1. ¿Cual fue el idioma que utilizó su hijo (a) cuando comenzó a hablar? _

2. ¿El estudiante habla otro idioma (s) que no sea inglé? *(No incluya los idiomas aprendidos en la escuela.)*

Si ☐ No ☐ En caso que su respuesta sea si especifique el idioma(s): _____

3. ¿Que idioma habla su hijo con más frecuencia? _____

4. ¿Cual es el idioma que normalmente hablan en su casa? _____

(Si una o más de las preguntas 1-4 indica un idioma distinto del inglés, el estudiante se le administrará el W-APT).

5. ¿Cuando entro su hijo(a) a la escuela en los EE.UU? Year _____

Nombre de la Escuela

Estado

6. ¿El estudiante que asiste a la escuela como un estudiante de intercambio? YES ☐ NO ☐

7. ¿El estudiante ha estado en una escuela en los EE.UU. donde ha recibido educación bilingüe como un Segundo Idioma (ESL)? YES ☐ NO ☐

8. ¿Salio el estudiante del programa? YES ☐ NO ☐ Fecha de Salida: _____

Firma del Padre: _____

Firma de la persona completando este formulario (Si no es el padre/Instructora): _____

*La LEA tiene la responsabilidad bajo la ley federal para atender a los estudiantes que está limitados enseñanza de inglés. Teniendo en cuenta esta responsabilidad, la LEA tiene el derecho de solicitar la información necesaria para identificar a los estudiantes de inglés (EL). Como parte de la responsabilidad de localizar e identificar a los LE, la LEA puede llevar a cabo exámenes o solicitar información relacionada con los estudiantes actualmente matriculados en la escuela, así como de los estudiantes que se matriculan en la LEA el futuro.

Mississippi Migrant Education Service Center

Identification and Recruitment Parent Survey/Encuesta para Padres de Familia

Nombre de los padres: _____
(Name of the Parents)

Domicilio _____
(Address)

Números para llamar: _____, _____, _____
(Numbers to call)

Mejor hora para llamar: _____
(Best time to call)

¿Cuánto tiempo tienen de vivir en este domicilio? _____ años (years) _____ meses (months)
(How long has your family lived at your present address?)

¿En cuál condado vivió antes de que se cambiara a la dirección de ahora? _____
(What city/county did you live in before you moved to the address above?)

Por favor ponga en la lista a todos sus hijos menores de 22 años
(Please list all your children younger than 22 years of age)

Nombre Name	Primer Apellido Last name	Escuela School	Grado Grade	Fecha de Nacimiento Date of Birth

¿Alguien de su familia ha trabajado en algunos de los trabajos que están en esta lista durante los últimos tres años? ☐ Si (yes) ☐ No (No)
(Has anyone in your family worked at any of the jobs listed below within the last three years?)

Encierre en un círculo los trabajos que haya hecho usted o alguien de su familia, (Please circle the jobs a family member or you have done):



**Con el ganado,
Procesando,
Empacando**
*Feed Cattle,
Processing*



**En la Pollera,
Procesando, Empacando**
Poultry Processing, Packing



**Cultivando,
Preparando la tierra**
Cultivation, Preparation of Soil



**La Pesca,
Procesando Pescado**
Fishing, Processing Fish



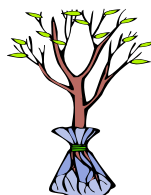
Verduras o camote
*Harvest of fruit and vegetables
or sweet potatoes*



Moliendo Algodón
Milling, Cotton Gin work



Lechería
Dairy



Plantando árboles o cortándolos
Tree planting or cutting



Viveros, plantando plantas, trabajando con la tierra
Tree Planting, or cutting. Greenhouse, Nursery, Sod



RANKIN COUNTY SCHOOL DISTRICT STUDENT HEALTH RECORD

Student Name: _____ Grade: _____ Male ☐ Female ☐
Date of Birth: _____ Age: _____ Height (Feet / Inches): _____' / _____" Weight (lbs): _____
Parent / Guardian: _____ Address: _____
Cell #: _____ Home #: _____ Work#: _____ E-Mail: _____
Medicaid #: _____ Health Ins.: _____
Student's Healthcare Provider: _____ Phone #: _____ Fax: _____

Student's Medical History

ASTHMA

Does your child have asthma? Yes ☐ No ☐ If yes, mark one: Mild ☐ Moderate ☐ Severe ☐

An *Asthma Plan* is REQUIRED to be on file at the school for all students with asthma.

FOOD ALLERGIES

Does your child have food allergies? Yes ☐ No ☐ If yes, please list foods allergic to and reactions below.

LIFE THREATENING ALLERGIES TO INSECT BITES

Does your child have life threatening allergies to insect bites? Yes ☐ No ☐ If yes, list insects:

All students with food and or insect allergies need an *Allergy Plan* on file at the school.

EPILEPSY / SEIZURES

Does your child have Epilepsy or seizures? Yes ☐ No ☐ If yes, your child needs an *Epilepsy / Seizure Plan* on file at the school.

CONTINUED ON NEXT PAGE

DIABETES

Does your child have Diabetes? Yes ☐ No ☐ If yes, your child needs a Diabetes plan on file at the school.

Does your child have an insulin pump? Yes ☐ No ☐

EMERGENCY MEDICATIONS

Epipen: ☐ Rescue Inhaler: ☐ Diastat: ☐ Glucagon: ☐ None of These: ☐

DAILY MEDICATIONS

Is the student taking any daily prescription or OTC medication at home? Yes ☐ No ☐ If yes, please list below.

Will the student need to take medication daily at school? Yes ☐ No ☐

If your child has daily and / or emergency medications at school, each will need a Medication Consent Form (signed by a physician) to be on file in the school office. You are responsible for supplying the medication.

OTHER

Is there anything else related to a diagnosed medical condition that you feel the school should know about your child?

CONSENT

The undersigned parent or guardian understands, acknowledges and agrees that state or county employed Region 8 health care support service professionals / counselors will or may be providing counseling and / or health care services to all ages of RCSD students in addition to the health care / counseling services for students traditionally provided by employees, nurses and counselors of the Rankin County School District, and hereby consents to such proposed or provided services as may in the sole discretion of the school district or health care providers be necessary or desirable while my child (children) is in the care of the school district.

Yes ☐ No ☐

For Middle / High School Students Only: I give consent for my child to participate in suicide prevention screening conducted by Region 8.

[View Screener Here](#)

Yes ☐ No ☐

Parent/Guardian Signature: _____ Date: _____



**Rankin County
School District**

TRADITION OF EXCELLENCE

CONSENT FOR MEDICATIONS AT SCHOOL

PARENT AUTHORIZATION-INDEMNITY AGREEMENT AND PHYSICIAN
ORDER FOR ADMINISTRATION OF PRESCRIPTION OR OVER
THE COUNTER MEDICATION(S) AT SCHOOL

STUDENT INFORMATION (To be completed by the parent):

First Name: _____ Middle: _____ Last: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Height: _____ Weight: _____ Date of Birth: _____ Age: _____

Parent(s)/Guardian(s) Emergency Contact Numbers:

Name: _____ Home #: _____ Cell: _____ Work: _____

Other: _____ Relation: _____

The undersigned parent(s) or guardian(s) of the student named above, a minor child, have requested personnel of the Rankin County School District or Region 8 Mental Health Services and their nurses, employees, directors, agents and volunteers to administer prescription and/or Over the Counter (OTC) medication to this student. This request has been made for my/our convenience as a substitute for parental administration of this medicine. If there is not a licensed and registered school based nurse available to administer medications at the school, it is understood that the school principal or his/her designee will assign unlicensed school personnel or employee/volunteer that does not have medical or nursing training but has completed the Mississippi Board of Nursing "Assisted Self Administration Curriculum" the task of assisting the child in taking the medication. I/We understand that additional parent/prescriber signed statements will be necessary if the medication or dosage of medication is changed. I/We also authorize the School based Nurse or employee to talk with the prescriber or pharmacist should a question come up about the medication. I/We understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, pharmacy, pharmacy number, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate. If the medication is over the counter (non-prescription), then it must be registered with the school in the original container and the child's name must be written legibly on the bottle. All medication(s) must be registered by the principal or his/her assigned designee and approved by the school based nurse prior to administration of medication at school. I/We forever release, discharge and covenant to hold harmless the Rankin County School District, its personnel, its employees, agents, volunteers or nurses and Board of Trustees or Region 8 Mental Health Services and its nurses, employees, directors, agents and volunteers from any and all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the administration of the prescription medicine. The undersigned agree to repay the school district or Region 8, its personnel or Trustees any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of medicine. I have read the foregoing release and indemnity agreement and fully understand it. Executed this the _____ day of, 20__.

Parent or Guardian Signature

Name Printed

Witness

PRESCRIBER AUTHORIZATION (To be completed by a Physician or Licensed Practitioner)

Name of Medication (one per form): _____ Check Prescription ☐ or OTC ☐

Condition for which medication is needed (diagnosis): _____

Dosage: _____ Route: _____ Time(s)/Frequency to be given: _____

If PRN, list Frequency: _____

AND specific symptoms when to administer: _____
(I.E. HEAD OR STOMACH ACHE, WHEEZING OR OTHER SYMPTOMS EXHIBITED WITH THE MEDICAL CONDITION)

If the medication is an asthma inhaler or epinephrine / epi-pen, this student is authorized for self carry and has been instructed on and demonstrated the proper technique in administering the medication? Yes ☐ No ☐

Prescriber Name & Title (Print)

Prescriber Signature (or signature stamp)

Date

Physician Phone #: _____ Fax #: _____