



Weldon City Schools
301 Mulberry Street
Weldon, North Carolina 27890
Phone 252/536-4821 Fax: 252/536-3062

Authorization for Medications to be Given During School Hours

The following section is to be completed by the PARENT

Childs Name: _____ Sex: Male/Female DOB: _____

Physicians Name: _____ Telephone Number: _____

I hereby give permission for my child, _____, to receive medications during school hours. I understand the school undertakes no responsibility for the administration of the medication. This medication has been prescribed by a licensed physician. I hereby release the school board, their agents, and employees from any liability that may result from my child taking the prescribed medication.

 Parent/Guardian Signature Date Phone Number Emergency Phone Number

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The following section is to be completed by the PHYSICIAN

Diagnosis for which medication is being given: _____

Name of Medication: _____

Dosage: _____

Route: _____

If medication is to be given daily - Time of day to be given: _____ AM/PM

If medication is to given AS NEEDED – Describe indications: _____

How soon can the medication be repeated: _____

Is the child authorized to medicate herself/himself: _____?

List significant side effects: _____

Other information: _____

 Physician Signature

 Date:



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Name of Practice: _____ Phone Number: _____
Address of Practice: _____