THOMAS JEFFERSON
Classical Academy
A Challenge Foundation Academy

www.tjca.teamcfa.org

**Request For Medication (Prescription and Over-the-Counter) To Be Given During School Hours Or On School Sponsored Overnight or Extended Field Trips**

| Student | Date of Birth | Grade | Allergies |
|---|---|---|---|
| | | | |

**Medication**_____ **Dosage**_____
(No injection will be given except in extreme emergency, such as allergy to wasp or bee sting.)

**Time** of medication administration: AM. __ PM. ___ **Start Date** _____**End Date** _____

School to administer medication *(physicians initials required)* ☐

If prescription is for **EPI-PEN**, **INHALER** or **INSULIN** student may self-carry and self-administer the medicine. I have provided education and he/she is knowledgeable and has demonstrated the necessary skill level for this medication. *(physicians initials required)* ☐

**Special instructions or possible adverse reactions:**
**(Please list)** _____

_____

| Physician's Signature | Date | Telephone Number |
|---|---|---|
| | | |

PLEASE TURN IN ALL MEDICATION AND PERMISSION FORMS TO THE SCHOOL OFFICE

## PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. A licensed physician has prescribed this medication and I hereby release the School Board, their agents and employees from all liability that may result from my child taking the prescribed medication.

I will furnish this medication in a container properly labeled by a pharmacist with identifying information (i.e.name of child, medication dispensed, dosage prescribed, and the time it is to be given.)

| Parent or Guardian Signature | Date | Telephone number |
|---|---|---|
| | | |

**This form must be completed if your child will need medication on a school sponsored overnight or extended field trip.**

**The Form and Medication must be returned to the school nurse one week prior to the field trip.**

Junior High/High School
2527 US 221A Highway
Mooresboro, NC 28114-7698

Grammar School
1110 South Broadway
Forest City, NC 28043

Reviewed by: _____ Date: _____
SCHOOL NURSE SIGNATURE