



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 Highway 221A
 Mooresboro, NC 28114-7698
 Fax: 828-657-9012

Grammar School
1110 South Broadway
Forest City, NC 28043
Fax: 828-245-9530

Reviewed by:

SCHOOL NURSE SIGNATURE

Date: