

# GENOA CENTRAL SCHOOL DISTRICT

**Angie Bryant**  
 Superintendent  
 12472 SH 196  
 Texarkana, AR 71854  
 Phone: 870-653-4343  
 Fax: 870-653-2624

**Bradley Wright**  
 High School Principal  
 12472 SH 196  
 Texarkana, AR 71854  
 Phone: 870-653-4343  
 Fax: 870-653-6967

**John Tollett**  
 Middle School Principal  
 11986 SH 196  
 Texarkana, AR 71854  
 Phone: 870-653-4343  
 Fax: 870-653-6944

**Vicki Jewell**  
 Elementary School Principal  
 12018 SH 196  
 Texarkana, AR 71854  
 Phone: 870-653-4343  
 Fax: 870-653-6922

## MEDICATION FORM

*NOTE: A separate form must be completed for each medication administered.*

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Hospital of choice:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Prescribing Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Time and amount to be taken:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Parent/Guardian Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*The school nurse (or designee) has my permission to take a photograph of my student for identity purposes. I certify that at least **ONE DOSE** of the medication has previously been given and **NO** adverse reactions were experienced. Therefore, I give permission for the school nurse to administer the above medication to my child. I certify that medications are to be brought to school by the parent or guardian. Medications brought to school **MUST BE** in current original container from pharmacy. The medication will only be administered according the Doctor's directions on the container or signed physician order.*

**Parent/Guardian Signature**

**Date**

Date	Pill Count	Brought By	Bottle Home	Initials	Comment

**Kristi Wooten, RN**  
 Elementary School Nurse  
 Phone: 870-653-7508

**Rachel Hoover, RN**  
 Middle School Nurse  
 Phone: 870-653-7594

**Amanda Green, RN**  
 High School Nurse  
 Phone: 870-653-7532