Wayne Preparatory Academy
School Health Form

AUTHORIZATION FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS

Name of Scholar: _____ DOB: _____ School: _____

Parents: Please complete as much as possible before taking to the doctor's office. Physicians please do not use medical terms as lay persons may be administering medicines.

Medication: _____ Dosage: _____

Diagnosis for Medicine: _____ Allergies: _____

Time(s) medication is to be given: _____ a.m. _____ p.m.

To be given: _____ for the remainder of the school or from (date) _____ to _____

Significant information, *if applicable* (include side effects, toxic reactions, omission reactions):

_____

Contraindications for administration *if applicable*_____

_____ Scholar should be allowed to self-medicate _____ School personnel should administer medications

If an emergency occurs during the school day or if the Scholar becomes ill, school officials will call parents and/or 911 as appropriate. ***If other measures are needed***, please indicate:

_____ Contact me at my office Telephone Number: _____

_____ Other option: _____

This medicine will be furnished by a parent or guardian in a current container that is properly labeled by a pharmacist with identifying information (name of child, medication dispensed, dosage prescribed, and time it is to be given).

_____ _____
Physician's Signature Date

PERMISSION

As parent/guardian of above Scholar, I hereby give permission for Goldsboro Pediatrics or (other) _____ to release the above information to Wayne County Public Schools, and I give permission for my child to receive this medication during school hours. I understand that medications are given/supervised by non-medical personnel and that a licensed physician/provider has prescribed this medication. I release the School Board and their agents/ employees from all liability that may result from my child taking the prescribed medication. This consent is good for the current school year unless revoked.

_____ _____ _____
Signature of Parent or Guardian Telephone Date

Please return completed form to:

School: _____ Phone # _____ Fax # _____

Address: _____

(Fax form is acceptable in urgent situations, but please submit the original to the school)