



**Wayne Preparatory Academy Charter School
School Health Form
AUTHORIZATION FOR MEDICATION ADMINISTRATION**

To the Physician: **Please do not use medical terms as lay persons may be administering medicines.**

Schools in North Carolina may administer medication to a child only under orders of a physician. This applies to both prescription and over-the-counter drugs. Please complete this form if you wish your patient to receive medication during school hours.

Student's Name _____ DOB _____

Medication prescribed _____

Prescribed dosage: _____ AM _____ PM _____

To be given: Remainder of the year _____ or from (date) _____ to _____

Reason for Medication _____

Side effects: _____

Student can self-medicate _____ School personnel should administer medication _____

It is my understanding that the employees of Wayne Preparatory Academy Charter School charged with the dispensing of medication may rely upon my directions as contained in this form to dispense the medication which I have prescribed. The medicine will be furnished by the parent/guardian in a current container that is properly labeled by a pharmacist with identifying information(child's name, medication dispensed,dosage, and time to be given).

I certify that I am the physician who prescribed the above medication and that the student to receive the medication is under my care. I further certify that is it imperative that the medication prescribed be taken during school hours.

Signature of Physician _____ Date _____

Phone Number: _____

PARENTAL PERMISSION

I do hereby release, discharge, and hold harmless, Wayne Preparatory Academy Charter School, its agents, and employees from any and all liability resulting in the administering of medications prescribed by the above physician. I understand that medications are given/administered by non-medical personnel. The consent is good for the current year.

Signature of Parent/Guardian _____ Date _____

