LENA POPE | Chapel Hill Academy

MEDICATION ADMINISTRATION

Student Name:_____

DOB:_____ ID Number:_____

Grade:_____ Teacher:_____

Only those medications that are medically necessary during school hours will be administered with physician approval. If possible, all medication should be given outside of school hours. Chapel Hill Academy requires the following:

- Physician and Parent/Guardian written authorization for medication administration at school. This includes prescription and non-prescription medication.
- Medication must be in the original container, with the pharmacy label listing the student's name, medication name, strength, dosage and directions.
- The first dose of a new medication will NOT be given at school.

  Please Note:
  - Students may not carry any medication on their person. All medication must be transferred from Parent/ Guardian to the School Nurse.
  - I understand that I am responsible for retrieving the medication from the School Health Office when it is no longer needed or when the school year ends. Medication not claimed will be destroyed.

Medication Name and Strength	Dosage	Time(s) to be given at school	Route	Medical Reason	Expiration Date

Completed by Physician

Name:_____ Phone Number: _____

Signature:_____ Date: _____

I authorize Chapel Hill Academy representatives to administer/dispense prescription and/or over the counter medications as indicated by my child's physician. I understand that I must complete this form and provide any medications to the school nurse. I understand that all prescription medications must be in the original container, labeled from the pharmacy.

Completed by Parent/Guardian

Name:_____ Phone Number: _____

Signature:_____ Date: _____