



BELL SHOALS ACADEMY

MEDICATION ADMINISTRATION FORM (Over-the-counter and Prescriptions)

Student's name: _____ Date of birth: _____
Address: _____
Grade: _____ Teacher: _____
Parent's name: _____ Phone: _____
Emergency contact information: _____

Medication to be Administered

1. Medication name: _____
Dosage to be administered: _____
Time or interval at which each dose is to be administered: _____
Describe the symptoms that would require the medication to be given: _____
Date to begin administration: _____ Date to cease administration: _____
2. Medication name: _____
Dosage to be administered: _____
Time or interval at which each dose is to be administered: _____
Describe the symptoms that would require the medication to be given: _____
Date to begin administration: _____ Date to cease administration: _____
3. Medication name: _____
Dosage to be administered: _____
Time or interval at which each dose is to be administered: _____
Describe the symptoms that would require the medication to be given: _____
Date to begin administration: _____ Date to cease administration: _____

Signature of physician authorizing administration: _____
Address: _____ Phone: _____

I request that Bell Shoals Academy administer the above medication to my child in accordance with my request and the physician's statement of need. I agree to notify the school of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand that it is my responsibility to bring an appropriate supply of medication to the school office, in its original container. *Medication provided to the school in any other container other than the original will not be accepted.* The school agrees to keep a written log of medication administered to my child in school throughout the current school year. Our complete policies on Health & Safety/ Medication Administration can be found in our Family Handbook.

Signature of parent/guardian

Date

Medication picked up by: _____
Signature: _____ Date: _____

