

REQUEST FOR PRESCRIPTION MEDICATION ADMINISTRATION AT SCHOOL

Note: It is the policy of Heathwood Hall Episcopal School that any prescription or over-the-counter medications used by a student during school hours must be taken in the Health Office.

Heathwood Hall requires that parents of a student needing medication during school hours present the following:

- 1) A medication administration form signed by a parent and the prescribing physician.
- 2) Medication in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law. The student's name and the physician's name must be on the label. **NO OTHER CONTAINERS WILL BE ACCEPTED.**

Renewed prescriptions must be sent to school in the prescription bottle as issued by the pharmacist.

A parent, **NOT THE STUDENT**, must deliver and pick up medicines and inform the school of any changes in medication, dosage, student conditions or restrictions.

Name of Student: _____

Grade: _____ Teacher: _____

Medication: _____ Prescribing Physician: _____

Dosage: _____

Time of day to be given at school: _____

Number of days to be given at school: _____

Purpose of medication: _____

Possible side effects: _____

Student restrictions, if any, and length of time: _____

I hereby give permission for _____ to take the above medication at school. I will not hold Heathwood Hall Episcopal School or the school nurse (or person designated by the headmaster) liable for any adverse reaction experienced by the student.

Signature of Parent: _____ Date: _____

Signature of Physician: _____ Date: _____