Socrates Academy Medication Authorization Form

Ph. (704) 321-1711 Fax. (704) 321-1714

Student Name: _____

Birth date: _____ Teacher/Grade: _____

In order to help protect your child's health, your consent **and** written authorization from a physician or health care provider with prescriptive authority is required when it is necessary for your child to receive prescription and/or non-prescription medicines at school.

Parent or Guardian's Permission: I hereby give permission for my child (named above) to receive this medicine during school hours. I also give permission for school staff to contact the prescribing healthcare provider with questions/concerns. I understand that it is my responsibility to purchase and supply this medicine in its original container. On behalf of my child I absolve Socrates Academy and their agents and employees from any and all liability whatsoever that may result from my child taking this prescribed medication at school.

_____ _____

Signature of parent or guardian Date Contact numbers (telephone/cell)

□ This med is used for emergencies only*****Additional form is required for emergency self-carry medications*****

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Below must be filled out by the Doctor/Health Care Provider:

Medical Diagnosis: _____

Medication: _____

Strength/Dose: _____

How often and/or at what time (hour):_____

Relationship to meals, if applicable: _____

Purpose of medication: _____

Expected side effects or adverse reactions: _____

Specific indications/other information: _____

It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance. Please notify the principal and/or school nurse and parents/guardians if there are any problems.

_____ _____

Signature of Healthcare Provider Date

_____

Please print practitioner's last name Practice name Telephone

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FOR SCHOOL USE ONLY:

Date Received/By: _____School Health Nurse Review: _____

Location of Medicine: □ on student (emergency medication only) □ in Health room □ in Classroom