



186 New Hope Rd
Lawrenceville, GA 30046
Phone #: 678 376-0883 Fax#: 678 226-9718

www.agapejracademy2002k8ga.org

ADMINISTRATION OF MEDICATION FORM

TO ensure the safety of all students at our school, the following guidelines should be followed when medications are to be sent to school:

1. All medication (prescription and non-prescription) must be taken to the principal or teacher for storage
2. All medication, both prescription and over-the-counter, must be accompanied by a note from the parent. The note should include all the information listed below: Medication required for more than one day must be accompanied by this Administration of medication Request Form which can be obtained from the principal.
3. All medication must be in the original child proof container. Prescription medication must be in the labelled prescription bottle. Medication stored in envelopes, baggies, etc. will not be administered.
4. Administration of prescription and over-the-counter medication (even for a short period of time) is discouraged. Parents should check with their physician regarding for the need of medication to be administered during school hours. Medication prescription for three times daily often can be given before, after school, and at bedtime. If you have any questions about these please call the school.

Does the school have permission to give Tylenol to your child at school? Check one:

[YES]

[NO]

Call First: Phone Number: _____

Student: _____

Teacher: _____

Grade: _____

Name of Medication: _____

Name of Physician: _____

Reason Medication Given: _____

Amount to be given: _____

Times(s) to be given: _____

Possible side effects: _____

Special Instructions: _____

I, _____, grant permission for the principal or designee to assist in the administration of the medication listed above for my child. I understand that the school personnel cannot assure that anything more than a reasonable effort will be made to assist the student and I further agree to waive any claims of liability that may arise against any school personnel or Agape Jr Academy relative to the administration of this medication to my child according to the instructions provided above.

Phone #: _____

Home

Work #:

Parent's Name: _____

Please Print

Parent's Signature: _____ Date: _____