

THE EPIPHANY SCHOOL

2201 Henderson Ave.
New Bern, NC 28560
252-638-0122

Prescription Medication Form 2010-2011

To be completed by Physician/NP/PA:

Name of student _____

Medication _____

Instructions:

Dosage _____ Time given: _____

Indications (for prn drugs) _____

To be given: from (date) _____ to _____ or entire school year _____

Significant information (include side effects, toxic reactions, omission reactions) _____

Contraindications for administration _____

Physician/NP/PA contact information:

Print name _____ Telephone _____

Prescription medication will be furnished by parent in properly labeled by a pharmacist with identifying information (name of child, medication dispensed, dosage prescribed, and the time it is to be given).

Physician/NP/PA signature _____ Date _____

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Parent's Permission:

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed Physician/NP/PA. I hereby release The Epiphany School and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent's signature _____ Date _____ Phone # _____