

MOUNT AIRY CITY SCHOOLS

Post Office Drawer 710

Mount Airy, NC 27030

Phone (336) 786-8355

Parents: Please check your child's school. Doctor Offices: Please fax to the child's school.

____ **BHT Fax** – (336) 789-6068

____ **MAMS Fax** – (336) 789-6074

____ **Jones Fax** – (336) 719-2339

____ **MAHS Fax** – (336) 719-2341

REQUEST FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS

Note to Parents/Guardians:

The Mount Airy City School system requires that all students who need medication during school hours must:

1. Present this completed form
2. Bring the medication in the original container appropriately labeled by the pharmacy (Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school)

Medication may be given by school personnel provided the physician completes this medication permission request form. It is recommended that parents rather than children bring medications to school!

Name of Student: _____ School: _____

To be Completed by Physician:

Medication: _____ Dosage: _____
(No injection will be given except in extreme emergency, such as allergy to foods or bee string)

Times to be given at school: _____ Length of time: _____

Circle form of medication: Tablet Capsule Liquid Ointment Inhalant Other

Precautions/Side Effects/Comments: _____

Inhaler to be kept with child: Yes _____ No _____

Physician's Signature: _____ Date: _____

Parent's Permission

I give permission for my child to receive the above medication during school hours as prescribed by a physician. I hereby release the School Board, their agents, and employees from any and all liability that may result from my child taking the prescribed medication.

Parent's Signature _____ Date _____ Phone _____

SCHOOL USE ONLY Reviewed by: _____ Date _____
School Nurse