Authorization to Administer
Medication to Student during School Hours

Atlanta Girls' School

I. Parent/Legal Guardian's Statement

I hereby request that the Atlanta Girls' School, through its designated authority, supervise/assist in the administration of medication to my daughter,_____ according to the instructions outlined below. I understand that a physician must complete the Medication Details section of this authorization for prescription medications. I also understand that only the physician may alter dosage and times for prescription medication. I release the Board of Trustees, the school, and any school employee from liability for administering any authorized medication.

_____ _____
Parent or Legal Guardian's Signature Date

II. Medication Details

This section must be completed and signed by a physician if authorization is for prescription medication. Parents / Guardians must complete this section for non-prescription medication.

Type of medication: ☐ Prescription (*This section must be completed by a physician for prescription medication.*)
☐ Non-Prescription

Name of medication: _____

Reason for medication (optional): _____

Exact Dosage: _____

Time(s) medication is to be administered during the school day: _____

Time period for administration of medication:
☐ Entire school year ☐ Until finished ☐ Other: _____

Possible side effects: _____

_____

Suggested first aid for side effects: _____

_____

Is this medication for an allergy? ☐ Yes ☐ No If "Yes," is the allergy life threatening? ☐ Yes ☐ No

Allergy to: _____

Date of last allergic reaction: _____ What medication or action was taken? _____

_____

Emergency plan for allergic reaction during school hours: _____

_____

Students with a life-threatening allergy are permitted to carry an Epi-Pen. Parents of students with a life-threatening allergy are encouraged to supply an extra Epi-Pen to the Infirmary.

_____ _____
Physician's Name (Printed) Physician's Phone Number
Required for Prescription Medication

_____ _____
Physician's Signature Date
Required for Prescription Medication