



# Southampton Academy

26495 OLD PLANK ROAD, COURTLAND, VIRGINIA 23837

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## Authorization for the Administration of Medication by School Personnel for Pre-K Students

\*\* Physician's written order and signature required for the administration of long term medications (inhaler, EpiPen, etc.)

\* Parent/guardian authorization and signature required for administration of prescription/non-prescription medication.

### Please Complete the Following:

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle I.

Name of Medication: \_\_\_\_\_ Condition Prescribed For: \_\_\_\_\_

Dosage: \_\_\_\_\_ Times of Administration: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Treatment for Side Effects: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Duration of Order: \_\_\_\_\_  
(not to exceed 10 days)

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\*\* Physician Physician's Phone Number

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### Parent or Legal Guardian—Please Complete the Following:

I request that the above medication be administered to my child at school.

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
\* Parent/Guardian Home Work

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\*Parents will be contacted by the nurse regarding the appropriate disposal or return of any unused medication.\*