



Southampton Academy

26495 OLD PLANK ROAD, COURTLAND, VIRGINIA 23837

(757) 653-2512 • FAX (757) 653-0011

Authorization for the Administration of Medication by School Personnel for K-12 Students

Please fill out this form *if your child is on medication that he/she will receive at school.*

Physician's written order and parent/guardian authorization are required for administration of medication.

Physician—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: _____

Signature: _____ Phone Number: _____
Physician Physician's Phone Number

Parent or Legal Guardian—Please Complete the Following:

I request that the above medication be administered to my child at school as ordered by the physician.

Signature: _____ Phone Number: _____ / _____
Parent/Guardian Home Work

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