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 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

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

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