



Agapé Jr. Academy, Inc

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Lawrenceville, GA 30046
Phone: 678 376-0883 Fax: 678 226-9718

ADMINISTRATION OF MEDICATION

To ensure the safety of all students at our school, the following guidelines should be followed when medications are to be sent to school:

1. All medication (prescription and non-prescription) must be taken to the principal or teacher for storage.
2. All medication, both prescription and over-the-counter, must be accompanied by a note from the parent. The note should include all the information listed below. Medication required for more than one day must be accompanied by this Administration of Medication Request Form which can be obtained from the Principal.
3. All medication must be in the original CHILD-PROOF CONTAINER. Prescription medication must be in the labeled prescription bottle. **MEDICATION STORED IN ENVELOPES, BAGGIES, ETC., WILL NOT BE ADMINISTERED.**
4. Administration of prescription and over-the-counter medication (even for a short period of time) is discouraged. Parents should check with their physicians regarding for the need of medications to be administered during school hours. Medication prescription for three times daily often can be given before school, after school, and at bedtime. If you have any questions about this procedure, please call the school.

Does the school have permission to give Tylenol to your child at school? Check one:

Yes

No

Call First: Phone number:

Student:

Teacher:

Grade:

Name of medication:

Physician:

Reason Medication Given:

Amount to be given:

Time(s) to be given:

Possible Side Effects:

Special Instructions:

I, _____, grant permission for the principal or designee to assist in the administration of the medication listed above for my child, _____ . I understand that the school personnel cannot assure that anything more than a reasonable effort will be made to assist the student and I further agree to waive any claims of liability that may arise against any school personnel relative to the administration of this medication to my child according to the instructions provided above.

Phone #: Home:

Work:

Signature of Parents:

Date: