

**WHITESBURG ACADEMY AUTHORIZATION FOR
ADMINISTERING MEDICATION**
(DO NOT SEND FORM OR MEDICINE BY STUDENT)

_____ Student's Name _____ Grade _____ Teacher _____

Whitesburg Academy has my permission to administer _____
Name of Medication & Dosage Amount

to my child at _____ for _____ days or until the prescription runs out.
Time

Parent's Signature _____ Date _____

Unused medication is to be picked up by the parent in the office.

Medication administered by _____ time and date _____

Medication administered by _____ time and date _____

Medication administered by _____ time and date _____

Medication administered by _____ time and date _____

Medication administered by _____ time and date _____

Any prescription drug or over the counter drug sent to the Academy must be in its original container. Prescription drugs shall have a pharmacy label or must be accompanied by a physician's written instructions. Over the counter drugs must be clearly labeled with the child's name and directions for administering the drug. A measuring device (if the medication requires measuring) must be provided for each child's medication.