

# THE EPIPHANY SCHOOL OF GLOBAL STUDIES

2301 Trent Road  
New Bern, NC 28562  
252-638-0122

## Prescription Medication Form 2015-2016

To be completed by Physician/NP/PA:

Name of student \_\_\_\_\_

Medication \_\_\_\_\_

Instructions:

Dosage \_\_\_\_\_ Time given: \_\_\_\_\_

Indications (for prn drugs) \_\_\_\_\_

\_\_\_\_\_

To be given: from (date) \_\_\_\_\_ to \_\_\_\_\_ or entire school year \_\_\_\_\_

Significant information (include side effects, toxic reactions, omission reactions) \_\_\_\_\_

Contraindications for administration \_\_\_\_\_

Physician/NP/PA contact information:

Print name \_\_\_\_\_ Telephone \_\_\_\_\_

Prescription medication will be furnished by parent in properly labeled by a pharmacist with identifying information (name of child, medication dispensed, dosage prescribed, and the time it is to be given).

Physician/NP/PA signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent's Permission:

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed Physician/NP/PA. I hereby release The Epiphany School and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_ Phone: \_\_\_\_\_