

Flora Macdonald Academy

SCHOOL MEDICATION FORM

Prescribed medication **must** be left in the school office with the secretary. Written instructions for administering the medication must be provided on the prescription bottle. Non-prescription medications such as aspirin, Tylenol, pain relievers, cough drops/syrup and other such over the counter items will **not** be administered by Flora Macdonald Academy faculty or staff.

Student's Name: _____ Date of Birth: _____

Name of Medication: _____

Purpose of Medication: _____

Times to be Administered: _____

Dosage: _____

Possible Side Effects: _____

Termination Date for Administering Medication: _____

Emergency Plan for Student: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____