

Request for the Administration of both Prescription and specific Non-Prescription Medication by School Personnel
2009-2010 Form H - 1



Andrews Osborne
ACADEMY

Deadline: August 1, 2009 **Please Print Clearly**

Student's Name _____ DOB _____ Grade _____

ALLERGIES _____

Listed below is either one or both of the following kinds of medication:

- A. Prescription medication prescribed by a doctor
- B. Specific non-prescription, over-the-counter medication that is not available at the school and is not listed on Form H - 2 - Non-Prescription Medication.

I understand that all medication – both prescription and non-prescription, over-the-counter medications – will be held by the Health Department or the Residential Staff in the dormitories, and will be dispensed according to direction by a member of the Andrews Osborne Academy staff. I also understand that students are not permitted to have any medications – prescription or non-prescription – in their possession with the exception of epipens, inhalers, or birth control pills.

I request that the above-named student be given the medication listed below which is being provided in the original containers. This medication is to be dispensed by the School Nurses, Director of Residential Life, Dean of Students, Administrator on Duty, and/or Residential Staff as follows:

Name of Medication	Dosage	Time to be Given	Length/Duration of Administration	Purpose

Signature of Parent or Guardian	Date
Signature of Physician	Date