BOB JONES ACADEMY

Authorization For Non-Prescription/Over-the-Counter Medication at School

Complete a separate form for each medication.
A parent/guardian or responsible adult must bring medication directly to the health room. Do not send medication with a student unless approved by the school nurse.
Whenever possible, give medication at home before or after school.
Medication must be in a new, unopened container with the original manufacturer's label intact.
Non-FDA approved medication will not be administered at school.
Medication cannot be administered until this form is fully completed and signed by the parent/guardian.

Student's Legal Name:	Date of Birth:
Current Weight: (in lbs.)	Allergies:
Name of Medication:	Purpose of Medication at School:
Dose: Example: 10 mg (**dose may not exceed manufacturer's direction**)	**For Liquid Medication** **Dose**=_____ ml
Frequency (may not exceed manufacturer's direction):	Route: (i.e. Oral, Inhaled, Rectal)
Date to Start Medication:	Date to Stop Medication:
List Possible Side Effects:	

Parents/Legal Guardians Please Read Carefully:
By signing below, I understand and agree to the following:

- I understand that all medications must be in the original container, clearly labeled with my child's name.
- I will notify the school if the medication is discontinued or the dosage changes.
- I give permission to the school nurse(s) and/or designated staff to share this information with individuals who have responsibility for my child.
- I am responsible for replacing medication before the expiration date.
- I give my permission for designated BJA staff to administer this medication to my child if needed.

Parent/Legal Guardian Signature:_____ Date:_____

Parent/Legal Guardian Printed Name:_____ Daytime Phone Number:_____

This form is only valid if signed on or after July 1st for the upcoming school year.