



SOUTHAMPTON COUNTY SCHOOLS

Post Office Box 96 · Courtland, Virginia 23837
Phone (757) 653-2692 · Fax (757) 653-9422

Dr. Gwendolyn P. Shannon, Division Superintendent

Dr. Deborah Goodwyn, Chairman
James D. Pope, III, Vice-Chairman

Authorization/ Parental Consent for Administering Medication

STUDENT NAME _____

Allergies to other medications: _____

Parental Consent

I am the parent or guardian of _____. I give permission for the school personnel to administer the following medication at school. I will provide the medication in the original labeled bottle.

Parent/Guardian Signature

Daytime Phone Number

Date

Medication and Dosage _____

Time to be administered _____

Relevant Diagnosis _____

Continue Medication Until _____

Physician's Signature _____

Physician's Telephone Number _____

Student with Asthma or Diabetes ONLY

This student is both capable and responsible for self-administering this medication:

_____ NO _____ YES

This student may carry this medication with him/her: _____ NO _____ YES

A FORM IS REQUIRED FOR EACH MEDICATION TO BE TAKEN AND MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR.

SCHOOL _____

PHONE# _____ **FAX#** _____

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