



Rolling Hills Public Charter School

Authorization to Give Prescription Medication (Separate Form Required for Each Medication)

This form must be completed and on file in the school office before RHPCS personnel may dispense any prescription medication. Medication must be provided to RHPCS in the original, labeled prescription container.

Student _____

Grade _____ Teacher _____

I hereby request authorized personnel of Rolling Hills Public Charter School to give the following prescription medicine to my child. This medicine has been prescribed for my child by:

Doctor: _____ Doctor's Phone: _____

Doctor's Address: _____

These instructions should be followed in giving my child this medicine:

1. Name/type of medicine _____

2. Reason medication is being given _____

3. Dosage _____

4. Time of day for dosage _____ (Note: Prescription medication cannot be given on an "as needed" basis.)

5. Potential and/or expected reactions or side effects _____

6. Parent/Guardian contact information:

Name: _____ Relation to Student _____

Home Ph#: _____ Work Ph#: _____ Cell Ph# _____

7. Alternate Emergency Contact Person:

Name: _____ Relation to Student _____

Home Ph#: _____ Work Ph#: _____ Cell Ph# _____

Signing this form shall release RHPCS, staff members, and Board from any liability of any nature that might result from the administration of this medication to the student.

Parent/Guardian Signature _____ Date _____