LEGACY
SUMMER DAYS

Administering Medication to Students at Summer Academy

Name_____ Date_____

Teacher_____ School_____ Grade_____

Medication_____Dosage_____

Diagnosis/Reason for Giving_____

Time to be given_____AM_____PM

Dates:_____ To_____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient's name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

_____ _____

Parent/Guardian Signature Date

*A new form is required for any change in medication name or dosage and at the beginning of each summer.

***Staff members in charge of the Legacy Summer Academy will assist students, as trained by the parent, following a physician's order. Parent initials _____.**

******Over the counter medication is not given.**