

ATHENS ACADEMY MIDDLE SCHOOL

Authorization for Medication

The Middle School office keeps a supply of acetaminophen and ibuprofen. If you wish, we will be pleased to give your child either medicine upon his/her request for headaches, painful braces, etc. The administrative assistant in the Middle School office maintains a daily record of all medications given to students. **Please circle** the medication your child may have and sign below to indicate that you give permission for your child to receive either of these medications.

_____ has my permission to receive in the Middle
(Student's Name)

School office.

Please circle

Acetaminophen

Ibuprofen

Grade: _____

Age: _____

Weight: _____

Parents signature

Date

If your child needs to receive any prescription medication or non-prescription medication at school, please complete the section below. You will need to complete a form for each medication.

Student's Full Name: _____

Name of Medication: _____

Time Medication is to be given: _____

Dosage: _____

Dates to be given: _____

Parent Signature

Date

