

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
(Student's Name)

Acetaminophen

Ibuprofen

in the Middle School office.

(Parent's signature)

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