

Amite County School District
533 Maggie Street
Liberty, MS 39645
601-657-4361
Nurse's Fax: 601-657-4045

To Parent/Guardian:

The Amite County School District requires any students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Parent/guardian must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist in law.
3. Have the prescribing physician complete the district medication request form.

Name of Student: _____

Date of Birth: _____ Teacher: _____ Grade: _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication: _____

Size of Tablet(in Mg.) _____ or, if liquid(mg/tsp) _____

Specific Time(s) and Dose(s) To Be Given At: School _____
Home _____

Length of Time: _____

Are There any restrictions: Yes ___ No ___ If yes, what and how long?

(Printed Name of Physician) (Signature of Physician) (Date) (Physician's phone)

To Be Completed by Parent

I, _____, give my permission for my child,
(Name of Parent/Guardian)

_____ to receive the above medication as directed.
(Name of Student)

Date: _____

Parent's/Guardian's Signature/Phone Number