



South Pike School District

http://www.southpike.org
250 West Bay Street
Magnolia, MS 39652
Telephone 601-783-3742
Fax 601-783-6733

PRESCRIPTION MEDICATION FORM

To Parents/Guardians:

South Pike School District requires that all students who need prescription medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
3. Have the prescribing physician complete the school medication permission request form.

Name of Student: _____ Date of Birth: _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication: _____

Dosage: _____

Time(s) to be given:

At School _____ or At Home _____

Length of time to be given: _____

Are there any restrictions? _____ Yes _____ No If yes, _____

Printed Name of Physician

Signature of Physician

Date

TO BE COMPLETED BY PARENT/GUARDIAN

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

_____ to receive the above medication as directed.
Name of child receiving medication

Date: _____

Signature of Parent/Guardian

The telephone number is _____ where parent/guardian may be reached during school hours.