



Uwharrie Charter

Mailing Address Post Office Box 1282 ~ Asheboro, NC 27204

High School 5326 US Hwy 220 Bus South ~ Asheboro, NC 27205	Phone: 336.610.0813	Fax: 336.610.0815
Middle School 5154 US Hwy 220 Bus South ~ Asheboro, NC 27205	Phone: 336.610.0816	Fax: 336.610.0819
Elementary School 301 Lewallen Road ~ Asheboro, NC 27205	Phone: 336.610.0820	Fax: 336.610.0822

Request For Medication To Be Given During School Hours and/or School Sponsored Activities

To be completed by Physician, one form per medication

_____ Prescription _____ Over the counter

Name of Student: _____ DOB: _____

Teacher: _____ Grade: _____ School: _____

Medication: _____ Dosage: _____

Date Range for to administered medicine: _____ to _____

Time of Day to administer medicine: _____

Significant Information (include side effects, toxic reactions, and omission reactions):

Physician's Signature: _____ Date: _____

Office Address: _____ Phone: _____

This medication must be furnished by a parent/guardian within a container properly labeled by a pharmacist with identifying information (e.g. Name of child, medication dispensed, dosage prescribed, and the time it is to be given). Over the counter medicine should have the students name labeled on container.

Parent Compete: If an emergency situation occurs during a school day, please :

- Contact/call me at _____
- Take my child immediately to the emergency department at _____

I hereby give my permission for my child (named above) to receive medication during school hours and/or school sponsored activities. This medication has been prescribed by a licensed physician. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____