BRIGHTEN ACADEMY

Home Room Teacher_____

Phone: 770-615-3680 | 5897 Prestley Mill Rd | Douglasville, GA 30135 | Fax: 770-575-3614

MEDICINES

ASSISTANCE WITH MEDICATION

Child's Name_____ School_____

Address_____ Home Phone_____

Mother's Name_____ Day Phone_____

Father's Name_____ Day Phone_____

Physician's Name_____ Phone_____

Emergency Contact_____ Phone_____

All medication must be placed in an original container. Check with your pharmacist if you need a duplicate bottle. Medication not claimed at the end of the school year will be discarded.

Name of Medication_____

Time to be given_____

Dosage_____

Side effects_____

Termination date for administering medication_____

I hereby authorize the personnel of Brighten Academy to assist my child in taking medication. I understand that in the event of a change in medication, the parent/guardian is responsible for completing a new request form.

_____

Parent/Guardian Signature Date

_____

Physician's Signature (if possible to obtain) Date

REVISED: 11/9/21

Douglas County School System Medication Record

_____ School Year School _____ Health Services Coord _____

Student _____ Homeroom Teacher _____ Grade _____

Medication _____ Dose/Route _____ Time(s) to be given _____

Record time given and initial. Sign full signature below.

Codes: A= Absent X= No medication available O= No school today

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															

Initials/ Signature

Medication Pick-up: _____ Parent Signature

_____ Staff Signature

Medication Disposal: _____ Staff Signature #1

_____ Staff Signature #2

Medication Counts

Date									
Quantity									
Brought by									
Received by									