

Rollingwood Academy

1752 Prodan Lane Virginia Beach, VA. 23453 Phone: 757-430-8244

Written Medication Consent Form

- One form must be completed for each medication.
- Rollingwood Academy only administers emergency medications, such as Benadryl, Epi-pens, inhalers and/or other emergency medications.
- Students are not allowed to possess lotions, lip balms, hand cleaners or other over the counter medications.
- Students may not transport medications to and from school. Long-term medications cannot exceed 6 months from the date authorized.

A. Licensed Authorized prescriber to complete		
Today's Date	Rollingwood Academy Director's Name: Susan Mathias/Jennifer Prodan	Rollingwood Academy Director's Signature:
Child's Name (Last, First)	School: Rollingwood Academy	Child's Date of Birth (mm/dd/yy):
Name of Medication:		Amount/Dosage:
Route of Administration and Instructions:		Time of Administration:
List of symptoms that necessitate administration of medication:		Possible side effects:
Special Instructions (parent must supply package insert for complete list of instructions):		Child's known allergies:
Start Date:		End Date:
Prescriber's Name:		Prescriber's Telephone Number:
Licensed authorized prescriber's signature:		

B. Parent/Legal Guardian must complete this section	
I hereby give permission for the school to administer the medication as prescribed above. I also give permission for the school to contact the above health care provider regarding the administration of this medication.	
Parent/Legal Guardian Signature:	Date:
Home Phone: Work Phone:	Cell Phone:

C. Parent must complete if requesting to discontinue medication prior to the end listed by the authorized prescriber
I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____. Once the medication has been discontinued, I understand that if my child required medication in the future, a new written medication consent form must be completed.
Parent or Legal Guardian's Signature:
Date:

D. To be completed by Child Day Program		
Facility Name: Rollingwood Academy	Facility Phone Number: 757-430-8244 757-430-6477 (Fax)	County Virginia Beach
The information needed to give this medication is complete.		Date received from parent
Authorized signature:		Authorized name:

If all paperwork is not on file (complete) by the start date of the child, your child will not be admitted into the program. Renewal paperwork must be completed within one month prior to expiration. If renewal paperwork is not complete prior to one month of expiration, your child may not return to school until submitted.