



NEW HANOVER COUNTY

HEALTH & HUMAN SERVICES

1650 Greenfield Street, Wilmington, NC 28401

Health | P: (910) 798-3500 | F: (910) 798-7834 | NHCgov.com

Social Services | P: (910) 798-3500 | F: (910) 798-7824 | NHCgov.com

Donna Fayko, M.Ed., Director

David G. Howard, MPH, Director Public Health | **Tonya Jackson, MBA**, Director Social Services

SHORT-TERM PRESCRIPTION MEDICATION PARENTAL PERMISSION FORM

- **PRESCRIPTION MEDICATION ONLY**
- **Will not be sent back and forth with child each day**
- Will be administered for 2 WEEKS OR LESS
- **MUST** be in a **pharmacy container** with a **current pharmacy label** to include: student name, medication, dose, time of administration, date filled, expiration date

STUDENT: _____ DATE OF BIRTH: _____

PURPOSE: _____

*MEDICATION: _____ *DOSE: _____ *ROUTE: _____
(***Must** match prescription label)

TIME(S) TO BE ADMINISTERED: _____

Side effects/contraindications: _____

START DATE: _____ END DATE: _____

Parent/Guardian Signature

Daytime Phone

Date

RN Signature

Date