

FIRST BAPTIST SCHOOL of CHARLESTON

ACADEMIC
EXCELLENCE



CHRISTIAN
PERSPECTIVE

Medication Permission Form 2023-2024

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843-722-6646
843-410-1606

1. Include on this form long-term prescription medication and medication for specific conditions such as asthma, allergies, etc.
2. Send medication in the original prescription bottle properly labeled by a registered pharmacist. (The bottle will be sent home for refills.)
3. Send only the amount needed during school hours as the bottles will not be sent home daily. You may send supplies by the week or month.
4. If you change the dosage, time for administering, or any other restrictions, please send this information to school in writing.
5. Please send in written Medication/Procedure doctor's orders (if applicable) from your student's health care practitioner along with this form as required by DHEC.

Student's name: _____

Medication: _____

Dosage and time given at school: _____

This medicine to be given daily (yes/no) _____ only until _____

Reason for medication: _____

Any restrictions: _____

Physician's name: _____

I give permission for the above medication to be administered to my child at school as directed.

Signature of Parent/Guardian

Date