



Elementary Campus  
688 Grant Street SE  
Atlanta, GA 30315

Middle School Campus  
820 Essie Avenue  
Atlanta, GA 30316

## Medication Administration Form

**Student's Name** \_\_\_\_\_

**Name of Medication** \_\_\_\_\_

**Dose (amount to be given)** \_\_\_\_\_

**Method of Administration** \_\_\_\_\_  
(oral, inhaled, nasal, injected, etc.)

**Time(s)** medication should be given \_\_\_\_\_

**Reason** for medication administration \_\_\_\_\_

**Possible Side Effects** or Precautions \_\_\_\_\_

Is **STUDENT** capable of and recommended to possess and self-administer this medication?  
(circle one)

NO

Yes – Supervised

Yes – Unsupervised

Parent/Guardian by signature below acknowledges that the school is providing for the administration of medication as a courtesy to the parent/guardian and agrees to hold the school and school system harmless in its so doing. Additionally, authorization is granted to obtain pertinent medical and/or copies of records pertaining to my child's medication and for this information to be shared with pertinent staff as needed. I understand that effective April 14, 2003 under the Health Insurance Portability and Accountability Act (HIPPA), disclosure of certain medical information is limited. However, I herein authorize disclosure or pertinent medical information for the provision of services for my child while in attendance in Atlanta Neighborhood Charter School. This authorization expires as of the last day of this school year.

**Parent/Guardian** (please print name) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_