



# ATHENS BIBLE SCHOOL

## Student Prescription Form

700 US Highway 31 North, Athens, AL 35611 256-232-3525 [www.athensbibleschool.org](http://www.athensbibleschool.org)

*"A Better Education on a Better Foundation"*

**This form is to be used on a case by case basis and is only required if and/or when your child needs to take prescribed medication during the school day. This must be signed by the prescriber.**

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_

Height (inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_ List any known drug allergies/reactions \_\_\_\_\_

### PRESCRIBER AUTHORIZATION

Name of medication \_\_\_\_\_ Reason for taking \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency/Time(s) to be given \_\_\_\_\_

Begin medication (date) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ End medication (date) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### SPECIAL INSTRUCTIONS

Does the medication require refrigeration: Yes  No

Is the medication a controlled substance: Yes  No

Is self-medication permitted and recommended for this student: Yes  No

**If you marked "yes", then please sign the "Self-Medication Authorization" area below.**

**Potential side effects/contraindications/adverse reactions** \_\_\_\_\_

**Treatment order in the event of an adverse reaction** (attach additional sheet or use the back of this form if necessary).

\_\_\_\_\_  
**Prescriber (signature)**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Date Signed**