Charlton County School Health Prescription Medication and Procedure Administration

Student:	Age:	_ DOB:	SSN:		
Address:	Sc	chool:	Grade:	_ HR Teacher:	
Parent/Guardians:	Но	Home #:		:	
I authorize the Charlton County School Clinics physician. My child has received this medicate no allergic reactions. I agree that the school w administration or lack of administration of this child. If any information on this form changes adult, or myself, must bring all medications to instructions, or comments I will make them a process of the country of the charges and the country of the charges are constructed by the charges ar	ion/procedure at least ill not be held respon medication/procedur , it is my responsibili the clinic or building	24 hours prior sible or liable for to my child or ty to notify the administrator's	to the first adminis or any illness or da r from the storage of clinic in writing. I	stration at school and has had mage that may result from of medication/supplies for my understand an authorized	
I have read this form and understand and agree also authorize the prescribing physician to disc cation and/or procedure to be administered to r	cuss with the clinic or				
Signature of Parent/Guardian	Date				
My child receives Medicaid/PeachCare. I undefor the administration of this medication/procedecide I no longer want the school to bill Medication.	dure and I do hereby	authorize the so	chool system to bill	I for the services below. If I	
Signature of Parent/Guardian	Date	1			
Mcdicaid/PeachCare Number:*+*+*+*+*+*+*+*+*+*+*	1 % 1 % 1 % 1 % 1 % 1 % 1 % 1	_ - k s s	* * * * * * * * * * * * * * * * * * * *	* + *	
PHYSICIAN'S INSTRUCTIONS- (
Diagnosis:	_Medication/Procedu	ication/Procedure:			
Dose:	Time of School Administration:				
Estimated duration of treatment:	ated duration of treatment:Rehab Potential:				
Goal(s):					
Comments:					
Physician's Name (please print)	Phone				
DL district Clause	Date		ddress		
Physician's Signature (no stamps pleas	se)	A	aaress		

**Prescription medication that is not picked up by 30 days after medication is discontinued, or by the end of the school year, will be destroyed according to established procedure.

CCHS Charlton County High School 994 Indian Trail Folkston, GA 31537 Fax: 496-3732 Ph: 496-2501

BMS Bethune Middle School 285 Little Phoebe Church Rd 34754 Okefenokee Drive Folkston, GA 31537 Ph: 496-2360 Fax: 496-3766

FES Folkston Elementary School Folkston, GA 31537 Ph: 496-7369 Fax: 496-4291

SGES St. George Elementary School 13215 Florida Avenue St. George, GA 31646 Ph: 843-2383 Fax: 843-8287