

ALBEMARLE COUNTY PUBLIC SCHOOLS

401 McIntire Road Charlottesville, Virginia 22902-4596

Fax Numbers:				
Agnor-Hurt	974-7046	Stone	Robinson 2	106 7645
Broadus Wood	973-3833		_	296-7645 973-9751
Brownsville	823-5120			974-1473
Cale	293-2067	Yance	=	286-4040
Crozet	823-6470	Burley	-	984-4975
Greer	973-0629	Henle		323-2711
Hollymead	978-3687	Jouett	•	978-4046
Meriwether Lewis	979-3850	Suther		75-0852
Murray Elem.	979-5416	Walto		96-6648
Red Hill	293-7300	AHS		74-4335
Scottsville	286-2442	· MHS		79-6479
		. WAH:		23-5121
(Please send this form	to the school when nee	Parent's Request for Giving Medicine at Schoded. All areas on this form must be complete		the medication. Plance
Print.)			sa for as to damingster t	ne medication. Ticase
Please have the child) the following me	ne Health Clinician, or edication:	a member of school staff, administer to:	·	(name of
(Check one)	certain n	rescription medication specified below or		
(Shock one)	certain p	rescription medication specified below of		
	nonprescr	iption medication specified below.		
this requested service a	nd state, without reserving be experienced by	hool who will administer this medication or to vation, that I shall not hold him/her or the Albay my child as a result of this service. I also untainer.	pernarle County School	Board liable in any way
Date of Order:				
Name of Medication: _		Brand Name:		
Exact dosage to be give	n:	Time of day to be add	ministered:	
Reason for medication:				
Duration for medication	:			
Special Instructions: _				
Signature of Physician/I (for prescription medica		(Name of Parent)	(Home Telephone	e)
		Signature of Parent or Guardian/Dat	te	

"We Expect Success"