## Immaculate Conception Catholic School of Special Education

811 Telfair Street Augusta, GA 30901 706.722.9964 | icaugusta.org



## Prescription Medication

To be completed by the prescribing physician. I authorize school medical personnel at Immaculate Conception Catholic School to administer the following prescription medication.

Student's Full Name	Date of Birth
Grade/Teacher	Medication
Dosage	Expiration Date
Purpose	
Times to be given	Dates to be given
Doctor's name & phone number	
Physician's Signature	Date
Number of doses sent to school	
Allergies	
Special Instructions	