

GENOA CENTRAL SCHOOL DISTRICT

Garry Jameson
 Superintendent
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 Texarkana, AR 71854
 Phone: 870-653-4343
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Bradley Wright
 High School Principal
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Brock Dickinson
 Elementary School Principal
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MEDICATION FORM

NOTE: A separate form must be completed for each medication administered.

Student's Name: _____ Date of Birth: _____ Grade: _____

Hospital of choice: _____ Phone Number: _____

Prescribing Physician: _____ Phone Number: _____

Name of Medication: _____ Dosage: _____

Time and amount to be taken: _____

Reason for Medication: _____

Parent/Guardian Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

*The school nurse (or designee) has my permission to take a photograph of my student for identity purposes. I certify that at least **ONE DOSE** of the medication has previously been given and **NO** adverse reactions were experienced. Therefore, I give permission for the school nurse to administer the above medication to my child. Should the nurse be absent, I certify that a trained staff member may administer the medication, "in loco parent," in place of the parent. I certify that medications are to be brought to school by the parent or guardian. Medications brought to school **MUST BE** in current original container from pharmacy. The medication will only be administered according the Doctor's directions on the container or signed physician order. My signature below is acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the administration of medications to the student named above.*

Parent/Guardian Signature

Date

| Date | Pill Count | Brought By | Bottle Home | Initials | Comment |
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Kristi Wooten, RN
 Elementary School Nurse
 Phone: 870-653-7508

Rachel Hoover, RN
 Middle School Nurse
 Phone: 870-653-7594

Amanda Green, RN
 High School Nurse
 Phone: 870-653-7532