

Richard Winn Academy
PO Box 390
1796 Old Chester Road
Winnsboro SC 29180
Phone number: 803-635-5494 / Fax number: 803-635-4310

This form must be completed in order for us to give
your child over the counter medicines.

Student's Name: _____
Age: _____ Sex: _____ Grade: _____ Homeroom: _____

Medication: _____ Dosage: _____

Time to be given: _____ How often: _____

Purpose of medication: _____

I hereby give my permission for _____ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication.	
_____	_____
Date	Signature of parent/guardian
Parent/Guardian Emergency Numbers: _____	
Parent/Guardian Email: _____	
<i>Note: The medication is to be brought to school in the original container by parent/guardian only.</i>	

Office use only:

Number of pills: _____ Accepted by: _____ Date: _____
Parent/Guardian Initials: _____ Date: _____