

Pharmacy Information

Even if your son/daughter is not on medications please call Sanders Drugs Pharmacy and give them your name and a credit card number. Make sure you tell them your son/daughter will be at Shepherd's Hill Academy. They will keep the card on file in their safe for our future purchases of prescribed drugs only. This makes the pharmacy process of ordering and pick-up run very smoothly.

Sander's Drugs Pharmacy in Toccoa, GA (706) 297.0111



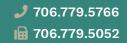


Medication / Prescription Verification Form Complete During Intake Process

This document verifies that Shepherds Hill Academy (SHA) has received from the parents or guardian

of		_			
accompanied by a written proprovide continued medication nurse with regards to that pr	n treatment. If changes are	·	•		
Medication Name	Medication Time	Dosage	Supply Provided	Script?	
			Quantity:	Yes	No
	-		Quantity:	Yes	No
	-		Quantity:	Yes	No
			Quantity:	Yes	No
			Quantity:	Yes	No
			Quantity:	Yes	No
By signing you verify that you continued administration.	are providing SHA with all	current medicatio	ns and a prescriptio	n for	
Parent/Guardian's Signature:		Date:			
Verifying Staff Signature:		Date:			









Over the Counter Medication Consent Form

Name of Child:
I,, (parent or guardian) give permission to authorized staff member(s) to administer any over the counter medication to my child as needed in their stay at Shepherds Hill Academy.
OR
I,, (parent or guardian) give permission to authorized staff member(s) to administer over the counter medication, except:
to my child as needed in their stay at Shepherds Hill Academy.
Parent/Guardian's Signature:
Nurse Signature:
Date:



