




SHEPHERD'S HILL
ACADEMY

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

 706.779.5766
 706.779.5052

 2200 Price Road
Martin, GA 30557

 www.shepherdhillacademy.org
 office@shepherdhillacademy.org





Medication / Prescription Verification Form Complete During Intake Process

This document verifies that Shepherds Hill Academy (SHA) has received from the parents or guardian of _____, the following supply of listed medications accompanied by a written prescription, which matches medication. The purpose of this is so SHA can provide continued medication treatment. If changes are desired parents or guardian can consult with a nurse with regards to that process.

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 are providing SHA with all current medications and a prescription for continued administration.

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: _____

