

# Paramount Academy

**2018-2019**

**11039 W. Olive Avenue**

**Peoria, AZ 85345**

**Phone: 623-977-0614 Fax: 623-977-0615**

Dear Parents/Guardians,

There are many students within our current school system that are required to take medication during the school day. Paramount Academy will be glad to accommodate the needs of those students who are required to take prescribed medication. A doctor's note, along with the parent's written consent to administer the medication, must accompany any medication needs. This includes over-the-counter medicine.

All medication must be given to the school administration staff in the prescription bottle clearly labeled with student information and expiration date. Please remember: Teachers cannot dispense any type of medication and students cannot medicate themselves. All medication must come to the health office and be stored in a student file. Medicine is not supplied; a parent must provide all medicine to stay on file for the student. (IE. Tylenol, aspirin, cough drops, inhalers, etc.).

A form will be sent home the first day of school; in addition your doctor may supply you with a letter on letter head before the form is received. Please remember to get your doctor's authorization for your child's medication needs every fiscal year.

Incoming 5<sup>th</sup> / 6<sup>th</sup> Graders (or any student 10 years & up) for 2018-19 will be required to have the following vaccines:

- Tdap if over 11 years old or 5 years since the last tetanus containing vaccine.
- Meningococcal vaccine if 10 years or older.

Incoming Kinders for 2018-19 will be required to have their 5-year vaccines, if they are not yet 5 and are an early admit they will need to provide a copy within 15 days of turning 5 years old.

If you have any questions or special situations, please contact the health office.

Sincerely,  
Paramount Academy Administration

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Peoria, AZ 85345

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## School Note for Medication Administration 18-19

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Drug	Dose	Frequency

Special Instructions:

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Doctor's Signature: \_\_\_\_\_

Doctor's contact number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Parent/Guardian contact number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_