

MEDICATION ADMINISTRATION AUTHORIZATION

Medication shall be administered only when the student's health requires that it be given during school hours. It is the parent/guardian's responsibility to bring this medication to school and remove any unused medication when treatment is completed. All medication must be brought to school in the original container.

All prescription medication must have a pharmacy label with the following information:

- 1. Name of student
2. Prescription number
3. Name of medication and dosage
4. Administration route or other directions
5. Date filled
6. Licensed prescriber's name
7. Pharmacy name, address, and phone number

All non-prescription medication must be brought to school in the ORIGINAL manufacturer's labeled container with the ingredients listed.

MEDICAL AUTHORIZATION

Student's full name Date of birth School Teacher/grade

Name of medication: Amount of medication to be taken:

Route: (orally, topically, inhalation, injection) Time:

Reason medication is needed at school:

Relevant side effects:

Printed name of provider Signature of provider Date

AUTHORIZATION BY PARENT/GUARDIAN OF MEDICATION BY SCHOOL PERSONNEL

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Dickson County School System, the undersigned parent/guardian hereby agrees to release the Dickson County School System and its personnel from any legal claim they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student. I will assume full responsibility for any side effects and complications that my child may have as a result of taking this medication.

Parent/Guardian Signature: Work/Cell phone number Date: