

MARYVILLE CITY SCHOOLS  
PRESCRIPTION MEDICATION AUTHORIZATION FORM

This form is to be completed and signed by the parent/guardian and the physician authorizing medication to be taken/given to the student during school hours. This form must be completed for prescription medications and returned to the school before the medicine can be given. All medication must be in a pharmacy-labeled container. If any changes occur during the school year, a new form must be completed and returned to school. Please use a separate form for each medicine. This form is good for one school year.

PARENT PERMISSION SECTION (to be completed by parent/guardian)

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICIAN AUTHORIZATION SECTION (to be completed by physician)

Diagnosis for which the medication is needed \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Route \_\_\_\_\_ Frequency \_\_\_\_\_

Allergies \_\_\_\_\_

If given "as needed," describe indications \_\_\_\_\_

How often repeated \_\_\_\_\_ Possible side effects \_\_\_\_\_

Length of time medication is to be given \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

According to the laws in the State of Tennessee

\_\_\_\_\_ My child is capable of and has been instructed in the proper method of self-administration of this medication. I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with the medication, school employees or agents may confiscate the medication and will call me immediately.

\_\_\_\_\_ My child requires assistance in the administration of this medication.

\_\_\_\_\_ My child is capable of and has been instructed in the proper method of self-administration of his/her asthma medication and or inhaler.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the Department of Education, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of the medication by my child, shall exempt from liability and hold harmless school employees or agents against any claims arising out of the self-administration of medication by my child, and I understand that this authorization shall be effective for this current school year and must be renewed annually.

We are required by law to maintain the privacy of your medical records. This privacy practice is adopted to ensure that the staff at Maryville City Schools protects your privacy. We consider it our duty to prevent unlawful disclosure of your medical records. Except as otherwise permitted or required by law, we will not use or disclose your health records without your written authorization.