



Authorization for Administration of Medications

High School: Tel. 901-751-6407, Fax 901-751-6404; Middle/Elementary School: Tel. 901-765-4630, Fax 901-765-4614

Name of Student: _____ Grade: _____ Birth Date: _____ Date: _____

Medication Allergies: _____

List Medications, dosages, times, and reason to be given _____

Relevant Side Effects: _____

Discontinuation Date: _____

(All medications will be discontinued at the end of the academic school year unless otherwise noted.)

Authorization by Parent /Guardian:

I hereby request that the school nurse/assistant administer the above medication. I understand that I **must supply the school with the non-prescription container or original prescription container (label intact)** in compliance with the BCS Medication Policy. I understand that these **medications will be destroyed after the last full day of school.**

Is the student physically and mentally able to self-administer the medication with assistance?

YES _____ NO _____

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medications and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I have read and understand the Guidelines for Administration of Medication and will abide by them.

Parent/Guardian Name: (Print) _____ Phone # in case of Emergency: _____

Signature: _____ Comments: _____

(Over)

Guidelines for turning in medication to the Health Office

Medications should be limited to those required during school hours and necessary to maintain student in school. Daily or twice daily prescription medications will not be given at school. It is recommended that all medications be brought to Health Office by parent/guardian. I understand that ***I must supply the school with the original prescription container (label intact) or the non-prescription container such as Tylenol, Motrin, Benadryl, etc...*** in compliance with the BCS Medication Policy.

1. All **non-prescription** medications must be in the **original container** with label intact and legible. The container shall display:

- Student's name and grade
- Visible Expiration date

2. All **prescription** medications must be in the **original pharmacy- labeled container**. The container shall display:

- Student's name
- Prescription Number
- Date
- Medication Name and Dosage
- Administration Route or Other Directions
- Licensed Prescriber's Name
- Pharmacy Name, Address, and Phone Number

Changes in prescription medications shall have written authorization from the licensed prescriber and parent.

3. All Medications require **written authorization** before a student can be administered medication at school. The parent/guardian is required to designate that the student is able to self-administer the medication with assistance.

Medications administered during school hours must be renewed by parent/guardian written consent annually.

4. **All medications must be kept in the Health Office NOT with the student.**

5. With parent/guardian authorization and physician prescription, students with asthma may have relief inhaler with them for immediate use.

6. Students with prescribed EPI-pen, glucagon, etc... will have medication administered by the school nurse as prescribed or needed in accordance with the BCS Medication Policy

7. **Expired medication will NOT be given at school.**

Failure to follow the above guidelines means medication cannot be given at school.