

BULLOCH COUNTY SCHOOLS

Authorization for Medication Administration or Health Procedure/Treatment (Complete one form for each medication/procedure/treatment.)

Child's Name: _____ DOB: _____

Doctor's Name: _____ School: _____

Medication: (Name & Dosage) _____

Procedure/Treatment _____

Time(s) to be administered at school _____

Duration _____ Start Date _____ End Date _____

Time(s) & Dosage medication administered at home _____

Time procedure/treatment given at home _____

ATTENTION: Any aspirin or aspirin like products *will not* be given unless you have a doctor's signature because of the danger of Reye's Syndrome. This includes many common products like pepto bismol.

I request and authorize employees of the Bulloch County School System to administer the above named medication/health procedure/treatment to my child. I agree to provide a physician's order now and a new order if there is any change in medication, dosage, administration time, or procedure/treatment. I agree to furnish all equipment, supplies, medication in the original container, formulas, or other necessary items and to provide replacements and maintenance as necessary. I release the Bulloch County School System, and its employees, agents or representatives from any liability or responsibility for any illness or damage to any person or property which may result from the storage of medication, from administering the medication/procedure/treatment to my child, or from failing to administer the medication/treatment/procedure to my child. I accept legal responsibility should the above student lose or give this medication to another person. I understand that if this should happen, my child may be subject to disciplinary action.

I have read and understand the Bulloch County medication procedure and the procedure for specialized health procedure/treatment.

Parent/Guardian's Signature _____ Date _____

Emergency Phone Number _____

Release of Medical Information:

I hereby give my permission for exchange of confidential information contained in the medical record of my child _____ between

Dr. _____ and Bulloch County Schools.