THOMAS COUNTY SCHOOLS Dr. Dusty Kornegay, Superintendent
200 N. Pinetree Blvd., Thomasville, GA 31792 | 229-225-4380 phone | 229-225-5312 fax

School Nurse Clinic

Authorization of Medication Administration

A signed updated authorization of medication administration form from the parent or guardian giving permission must be on file with the School Nurse at all times. Medication shall be given by the school nurse but arrangements must be made in advance of when the medicine needs to be given. Prescription medication will be dispensed and it must be in the original bottle, labeled properly and dated. For children who take medicine regularly – we will try to keep you informed when our supply is running low but please keep in mind that it is up to the parents to know when the medicine will run out and send more. Also, please make doctor appointments well in advance of running out of medication. If dosages change, a new form must be filled out before the medicine can be given to the child.

Whenever possible, please encourage medication to be taken at home before school or promptly after school. If this is not possible, then we want to see to the needs of your child, but we need your cooperation in securing adequate records for the safety of your child. If the student is covered under a Medicaid plan and receives IDEA services, this form will give the school permission to bill Medicaid for the services rendered during school hours. If at any time a parent/guardian requests that Medicaid billing be discontinued, the request must be submitted in writing.

DO NOT TRANSPORT MEDICATION WITH STUDENTS!

Please fill out the information below giving the school permission to give the medication and release the school and the nurse of any adverse reactions that may occur as a result of taking this medication. Return it to the school as soon as possible with the prescribed medication.

Child's Name_____ DOB:_____ Grade_____ Teacher _____

Physician's Name_____ Agency_____

Physician's Phone Number_____ Fax Number _____

Name and Dosage of medication _____

Times(s) medication is to be given at school _____

Duration_____ Start Date_____ Stop Date 7/31/2017_or_____

Time and dosage medication is given at home _____

Type of insurance: Blue Cross/Blue Shield_____ Medicaid_____ State Merit_____ Peach Care_____ Other____

Parent/Guardian Signature_____ Date_____

Emergency Contact Phone Numbers _____