

# Oconee County School Health Services

## Administration of Medication/Medical Procedures

Student's Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Telephone\_\_\_\_\_ Drug Allergies\_\_\_\_\_

Name of Medication/Medical Procedure\_\_\_\_\_

Starting Date of Medication/Medical Procedure\_\_\_\_\_

Time Medication/Medical Procedure is to be provided daily\_\_\_\_\_

Termination date for administering the Medication/Medical Procedure\_\_\_\_\_

Physician's requirements of dosage/method of administration

\_\_\_\_\_

Precautions, possible side effects, interventions\_\_\_\_\_

\_\_\_\_\_

In the event that the school has questions regarding medications or problems associated with a medication, I hereby give permission for school health officials to dialogue with our physician.

Physician's Name\_\_\_\_\_ Physician's Phone\_\_\_\_\_

\_\_\_\_\_

Date

The Oconee County School Health Service department will destroy any medication that is not picked up after the medication is discontinued. Prescription medicine should be picked up within 1 week of discontinuing the medication. Over the counter medicine should be picked up by the end of the school year, or it will be destroyed.

The nurse has permission to dialogue with school personnel regarding this medication and any related issues.

Medications will be administered according to the directions listed above. I understand that the Oconee County School System and its employees are not liable for adverse effects or injury do to administering (or not administering) the above listed medication(s).

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian