LEE COUNTY SCHOOL SYSTEM

Student Health

www.lee.k12.ga.us | 229.903.2100 | 126 Starksville Ave. North | Leesburg, GA 31763

Parent Authorization to Administer Prescribed Medication at School

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

Condition / Illness requiring this medication: _____

List any drug allergies/reactions: _____

Medication administration in schools is discouraged unless medically necessary for the student's health, safety, and optimal learning. If medications can be given at home, before or after school hours, please do so. However, if medication administration is absolutely necessary during school hours, the following procedures must be followed:

- The parent/guardian or student (age appropriate) must transport prescription medicines to the health clinic or main office immediately upon arriving at school. Controlled medications should not be transported on the bus.
- The first dose of any new medication or new dosage must be given at home where the parent/guardian can monitor for potential side effects and adverse reactions.
- A licensed nurse may not always available to assist in the administration of the medication; therefore, the student may be assisted by an adult designated by the principal.
- Medication that is prescribed once, twice, or three times a day will not be given at school unless the physician specifically states a time during the school day which it is to be given. (e.g. an antibiotic and/or other medication which is to be given three times daily should be given before the child leaves for school, when he/she gets home, and at bedtime)
- Prescription medications must be in the *original prescription bottle*, *clearly labeled with the student's name*, *physician's name* and *contact information*, *medication name* and *strength*, *amount given per dose*, *route* and *time of administration*, and *dispensing pharmacy*.
- The school staff will have the right to refuse to give medication that is questionable or expired.
- Narcotic and/or other prescription pain medications (e.g. Tylenol with codeine, hydrocodone, etc) will *not* be administered at school and the student *cannot* be at school under the influence of such medications.
- The prescribing physician must complete and sign, along with a parent/guardian, an Authorization to Give Medication at School in order for school staff to administer medication.
- The parent/guardian is responsible for notifying the school of any changes in the administration of his/her student's medications. A new Authorization to Give Medication at School is required for any change in medication given at school.

Please refer to our full medication policy on our district website. https://www.lee.k12.ga.us/departments/student-health

Name of medication: _____ ☐ Daily *OR* ☐ Give As Needed

Dosage: _____ Frequency / Times to be given: _____

Possible Side Effects, if any: _____

Medication for: ☐ This School Year _____ ☐ Following Dates Only _____

Physician Name: _____ Phone Number: _____

Physician Signature: _____ Date: _____

I, this child's parent/guardian, hereby authorize the named Health Care Provider who has attended to my child, to furnish to the School Health Services Coordinator and/or School Clinic Staff any medical information and/or copies of records pertaining to my child's medication and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA") disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance in the Lee County Schools. This authorization expires as of the last day of the school year.

_____ _____

Parent / Legal Guardian Signature ***Date***