



WALTON COUNTY SCHOOL DISTRICT
Parent Authorization for the Administration of Emergency Medications

Student Name: _____ **Date of Birth:** _____

Teacher: _____ **School Bus #:** _____ **Section 504 Plan:** Y/N **IEP:** Y/N

Name of Parent/Guardian: _____ **Name of Medication:** _____

Although the school nurse is best equipped to administer medications to students at school, there are situations where the school nurse may be unable or unavailable to administer potentially life-saving medications. In that event, in accordance with Board Policy JGCD and JGCD-R, parents have two options regarding the emergency administration of medication.

Under the first option, parents have the option to delegate the administration of emergency medication to the school principal, who will then designate an unlicensed school employee, who has been trained, to administer the emergency medication in the event the school nurse is unavailable to do so. Under the second option, parents may limit their authorization so that emergency medications may be administered only by the school nurse.

This form should be used to document parent preference and authorizations related to the administration of emergency medications at school, during school-sponsored activities, and on the school bus.

To be completed by School Nurse or Designee:

- ☐ Fully executed Parent Authorization to Give Medication at School is on file for this medication.
- ☐ An Emergency Action Plan is on file for this medication and is signed by a physician or healthcare provider.

Signature of School Nurse or Designee

Date

To be completed by Parent/Guardian, who should INITIAL either #1 or #2 below:

1. **NON-NURSING STAFF AUTHORIZED TO ADMINISTER:** In addition to the school nurse, I hereby delegate to the school principal the task of designating certain staff members, who have been trained in accordance with Georgia law, State Board of Education rules and/or Policy JGCD and JGCD-R, to administer the above-identified medication to my child in accordance with Physician's Orders. **I understand that such employees are neither licensed by the Georgia Board of Nursing or certificated as school nurses by the Georgia Professional Standards Council, and that I am delegating my authority to administer medications to my child to these individuals in the event of an emergency.** I further agree to indemnify, save and hold harmless, and covenant not to sue the District and its employees in connection with any aspect of its emergency administration of medication to my child pursuant to this authorization. In addition to an emergency occurring on school grounds when school is in session, as indicated by my INITIALS below this authorization extends to any emergency occurring:

- _____ on field trips or at other off-campus activities [PARENT MUST INITIAL TO AUTHORIZE]
- _____ during school-sponsored events and activities after school hours [PARENT MUST INITIAL TO AUTHORIZE]
- _____ on the school bus [PARENT MUST INITIAL TO AUTHORIZE]

2. **SCHOOL NURSE ONLY ADMINISTRATION:** Although I authorize the emergency administration of the above-identified medication to my child by the school nurse, I do not authorize or consent to the administration of such medication by personnel who are not licensed and/or certificated as a school nurse. I understand that this may significantly delay the administration of such life-saving medication to my child, as school personnel may have to wait for an EMT, paramedic or other first-responders to arrive before the medication may be administered. I acknowledge I have consulted with my child's healthcare provider regarding these risks, which I knowingly accept and assume. I also understand that the school nurse is not always present or available at school, during school functions, or on school buses.

****For emergency seizure medications ONLY:** If the parent/guardian does not authorize administration of emergency seizure medication by non-nursing staff, the emergency medication will NOT be transported to or from the school on the school bus. All children requiring the administration of emergency medications on the school bus (for transportation to and from school) will receive adapted transportation services under a Section 504 Plan or as an accommodation under their IEP. 911 will be called if a seizure occurs on the bus.

Signature of Parent/Guardian

Date

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