



AUTHORIZATION TO GIVE MEDICATION AT SCHOOL

If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed.

STUDENT'S NAME: _____

TEACHER: _____ GRADE: _____

I request that the Healthcare Professional, through the principal or designee, supervise/assist in the administering of medication to my child, according to the instructions stated below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.) Pharmacists can provide a duplicate labeled container with only the school doses.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or clinic personnel.
- It will be the responsibility of the parent/guardian to inform the school of any changes.
- New medication or new doses will not be given unless a new form is completed, and a newly labeled container is provided.
- All medication will be taken directly to the office/clinic by the parent/guardian.
- Over the counter medications must be unopened and sealed to be accepted.
- Unused medication will be disposed of within one week after medication is discontinued or at the end of each school term if not picked up.

Name of medication: _____

Dose: _____ Route (by mouth, topical, etc.) _____ Med Count at sign in: _____

Time(s) to be given: _____ Stop medication on: _____

Condition/Illness Requiring Medication: _____

Allergies: _____

Healthcare Provider's Name _____ Phone: _____

I hereby authorize the personnel, employees, and officials of the Chatham County School District to assist my child in taking prescription/over-the-counter medication(s). I understand that, in the event of a change in medicine, I am responsible for signing a new request form. I also understand medications not picked up by the end of the school year be discarded. **Asthma, Seizure, and/or Food Allergy Action Plan given.** (circle)

Parent/Legal Guardian signature _____	Print Name _____	Date _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____

Received by _____ Date _____

REVISED 6/10/2022