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 by a parent or guardian.

Student's Name: _____ **DOB:** _____

Teacher: _____**Grade:** _____

I request that the Cartersville School System, through the Principal or Nurse, supervise/assist in the administering of medication to my child, according to the instructions in the statements below. I understand the following:

• Medications **must** be in the **original labeled container** (no baggies, foil, etc.). Pharmacists can provide a duplicate labeled container with only the school doses, if needed.
• 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.**
• Unused medications **will be disposed of** unless picked up within one week after medication is discontinued or at the end of the school year.

Name of Medication: _____

Dose: _____ **Route: (Oral, topical, inhalation, etc.):** _____

Time(s) to be given: _____ **Stop Date:** _____

Possible side effects, if any: _____

Healthcare Provider: _____ **Phone:** _____

I hereby authorize the personnel, employees and officials of the Cartersville City School District to assist my child in taking prescribed medication. I understand that in the event of a change in medicine, I am responsible for presenting a new authorization form. **I authorize the prescribing physician to discuss with the Principal or School Nurse any matter regarding the medication to be administered.**

_____   _____

        Parent/Legal Guardian Signature   **Date**

Date	Quantity Received	Received Form (Print)	Signature	Signature of Staff Member Counting