

HAMBLEN COUNTY SCHOOLS

ADMINISTRATION OF NONPRESCRIPTION MEDICATION AND SELF MEDICATION

PART I:

All nonprescription medication needs to be in manufacturer's original container with the child's name attached to the container. Medication must be brought to school by a responsible adult. Please do not send medication by children. All empty containers or remaining medication must be picked up by a responsible adult.

Child's Name _____ Date of Birth _____

Parent's Name _____ Emergency Phone _____

Name of Medication _____

Dosage to be Given _____ Method/Route _____

When and How Often to be Given _____

Reason Medication is Needed _____

Date to Discontinue _____

Possible Side Effects or Special Instructions _____

PART II: I give permission for my child to self-administer medication at school with the understanding that the person assisting in the self-administration is not a medically trained person. My child is competent to self-administer medication with assistance. I release Hamblen County Board of Education, its agents, and its employees from any and all liability growing out of the administration of this medication.

Parent/Guardian Signature _____ Date _____

To be filed in principal's office.