

# FANNIN COUNTY BOARD OF EDUCATION

6145 Old Hwy 76

Blue Ridge, Georgia 30513

Phone: 706-632-3771 Fax: 706-632-7583

[www.fannin.k12.ga.us](http://www.fannin.k12.ga.us)

SUPERINTENDENT  
Shannon Miller

BOARD MEMBERS  
Terry Bramlett  
Mike Cole  
Bobby Bearden  
Lewis DeWeese  
Chad Galloway



## PERMISSION FOR PRESCRIPTION MEDICATION ADMINISTRATION

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

### A. TO BE COMPLETED BY THE PHYSICIAN

Reason for medication : \_\_\_\_\_

Name of medication: \_\_\_\_\_

Form of medication/treatment:  Tablet/Capsule  Liquid  Inhaler  Injection  Nebulizer  Other

Instructions (Time and Dose to be given at school): \_\_\_\_\_

Start: \_\_\_\_\_ date form received Other date: \_\_\_\_\_

Stop: \_\_\_\_\_ end of school year Other date/duration: \_\_\_\_\_

\_\_\_\_\_ for emergency only As needed (PRN) \_\_\_\_\_

Restrictions and/or important side effects. Please describe: \_\_\_\_\_

\_\_\_\_\_. \_\_\_\_\_ None anticipated

Special storage requirements:  None  Refrigerate Other: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

### Please Print or Type

Physician's Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date received at school: \_\_\_\_\_ Nurse's Signature: \_\_\_\_\_

### B. TO BE COMPLETED BY THE PARENT/GUARDIAN

I give permission for (name of child) \_\_\_\_\_ to receive the above medication at school according to standard school policy.

Please indicate if you have provided additional information:  On the back side of this form  As an attachment

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

\* **MEDICATION MUST BE DELIVERED TO SCHOOL BY A RESPONSIBLE ADULT IN THE CONTAINER IN WHICH IT WAS DISPENSED BY THE PRESCRIBING PHYSICIAN, LICENSED PHARMACIST OR PHARMACY.**

\* **THIS FORM MUST BE COMPLETED EVERY SCHOOL YEAR.**

\* **STUDENTS ARE NOT ALLOWED TO TRANSPORT MEDICATIONS.**