

**Coffee County Schools
School Health Services**

Medication Authorization

Part I – Physician’s Statement

Under the provision of the Coffee County Board of Education’s medication policy, and T.C.A. 49-5-415 when it is found necessary to place a child on medication during the school day, the school must have the following information:

Child’s Name _____

Diagnosis _____

Medication/Dosage _____

Time Schedule _____

Medication to be taken from (date) _____ to (date) _____

Possible side effects and procedure to follow _____

Physician’s signature _____ Date _____

Address _____ Phone _____

Part II – Parent’s Permission

I, the parent/guardian of the above named child, give my permission for appropriate personnel at _____ School to administer the above medication as prescribed by Dr. _____ beginning on (date) _____ and continuing until (date, if known) _____.

I understand that medication is to be brought to the school in only a professionally labeled container. This container will have the date, student’s name, type and frequency of the medication. The physician’s written order is listed above stating the amount to be given, at what time of the day, and how long it is expected to be needed.

Note: The possible side effects form about this medications should be attached, as well as attaching any other recommendations which the physician considers helpful to the student.

Parent/Guardian’s signature _____ Date _____

Address _____ Phone _____