FANNIN COUNTY SCHOOL SYSTEM

AUTHORIZATION TO GIVE OVER THE COUNTER 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 and the medicine must be provided.

STUDENT'S NAME: ____

TEACHER: ______________________________ **GRADE:** ________________

I hereby request that__________________________, through the principal or designee; supervise/assist in the administering of medication to my child, according to the instructions contained on the statements below. I understand that:

- All Medications **must** be in the **original labeled** bottle/container (no baggies, foil, or opened containers, etc.). This includes all over the counter medications as well.
- 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 bottle/container is provided.
- All medication will be taken directly to the office/clinic by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

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Name of Medication: ____

Time(s) to be given:______________________**Dose:**_______________________

Route:_________________________**Stop Medication On:**_____________________

Healthcare Provider's Name:________________________**Phone:** _____________

I release the school board, the school, and any school employee from any liability for administering this medication.

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Parent/ Legal Guardian Signature **Date**

Home Phone:____________**Work Phone:**_____________ **Pager/Cell Phone:**______________

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To be completed by healthcare provider for all medication(s) required for two weeks or more.

Condition/Illness Requiring Medication: ____

Possible Side Effects, if any: ____

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Signature of Healthcare Provider Date