

## **Prescription Medication Authorization**

## Part I - Physician's Statement

Under the provision of the Coffee County Board of Education's medication policy, when it is found necessary to place a child on medication during the school day and/or during a school organized field trip, the school must have the following information:

Child's Name:						Gra	de:	
Diagnosis:								
Medication Name/ [	Oosage: _							
Time Schedule:								
Medication to be tal	to (date)							
Possible side effects	and proc	edure to fo	llow:					
Physicians Signature		Date:						
Address:			Phone:					
Part II - Parent's I	Permissi	on						
I, the parent/guardian of the above-named child, give my permission for appropriate personnel at								
					School to adm			
prescribed by Dr and continuing until (date, if known)								
container will have t	he date,	student's na	ame, type,	and	hool in <u>only</u> a profes I frequency of the m what time of day, ar	edication	n. The phys	ician's writte
Parent/Guardian's si	gnature:			Date:				
Address: Phone:								
					ved in the Clinic			
Date	Qty.	Parent	Staff		Date	Qty.	Parent	Staff
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