



Houston County School District
Over the Counter/ Short Term
Medication at School (HRS 29C)



Name of Student: _____ Date of Birth: _____

Allergies: _____ Grade: _____

This form must be completed in full and returned to the school in order for the Houston County School District (HCSD) to assist students in taking their medication during school hours. It may be faxed to (478) 328-1407.

- All medication must be presented to the school office by a parent or guardian.
- All medication must be in its original bottle or packaging.
- Over the counter medication must be in its original, unopened container with age-appropriate dosing.

For short term (up to 10 doses) and over the counter medications:

Medication	
Dose	
Time	
Reason	

OR for emergency medications (check as required):

	Inhaler	Directions:
	Nebulizer	Directions:
	Glucagon	Directions:
	Epinephrine	Directions:

If your student requires emergency albuterol or glucagon, please indicate below if your student will have this medication on their person during school and is competent in its use. YES NO

If your student will self-carry and self-administer epinephrine, a *Self-Carry and Self Administration of Emergency Medications* form is required. Please see school for form.

As parent/guardian of the above-named student, I request the HCSD give medication as directed above. I understand that school personnel will administer the medication in accordance with the policy and procedures of the HCSD. I understand the school can only administer the above medications up to 10 doses. After that time, I will be required to have a doctor complete a HCSD Medication Form (HRS 29) for my student to continue to receive the medication at school.

Signature of Parent/Guardian: _____ Date: _____

Print name of Parent/Guardian: _____ Phone: _____

Office Use Only: Medication Received by: _____ **Date:** _____

Number/ Amount of Medication Received: _____ **Expiration date:** _____