MERIWETHER COUNTY SCHOOL SYSTEM

AUTHORIZATION TO GIVE MEDICATION AT SCHOOL

STUDENT'S NAME: ____

SCHOOL: _________________________________ YEAR _____________

TEACHER: ________________________________ GRADE _____________

I request that the Meriwether County School System, through the principal or designee, supervise/assist in the administering of medication to my child, according to the instructions contained on the statement below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.)
- 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 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.

Name of Medication: ____

Dose ________________________ Route (by mouth, topical, etc) ____________________

Time(s) to be given __________________________ Stop Medication on: _______________

Healthcare Provider's Name _________________________ Phone Number ______________

I hereby authorize the personnel, employees and officials of the Meriwether County School System to assist my child in taking prescribed medication according to district policy and I release them from any liability for administering this medication. I understand that, in the event of a change in medicine, I am responsible for presenting a new request form.

____ _________________________

Parent/Legal Guardian Signature Date

To be completed by healthcare provider for all medications required for a period longer than two weeks.

Condition/Illness Requiring Medication: ____

Possible Side Effects, if any: ____

____ _________________________

Signature of Healthcare Provider **Date**

September 2011