

**Muscogee County School District
Student Health Services
Medication Administration Authorization**

Muscogee County School District recognizes that students may need to receive medication during the school day. This form must be completed by a Parent or Guardian in order for a student to receive prescription and/or over-the-counter medications at school. Please list one medication per page.

Student's Name: _____ Date of Birth: _____

Teacher: _____ School: _____ Grade: _____

I request that the above named school, through the principal or designee supervise/assist in the administering of medication to my child, according to the instructions below. I understand that:

- Medications must be in the original labeled container. Pharmacists can provide a duplicate labeled container for school use. Over-the-counter medication should be provided to the school clinic in an unopened/sealed original container.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or clinic personnel.
- It is 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/legal guardian.
- Unused medication will be disposed of unless picked up by the parent/legal guardian.
- Student name on prescription medication must match the name on this form, and the name in Infinite Campus.
- **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.**
 - Once a day medications should be given at home, before school.
 - If medication must be taken with food, it must be given at home, before school.
 - If medication is twice a day, both doses should be given at home, before and after school, unless specified differently on the prescription.
 - If medication is three times a day, all three doses should be given at home, (before school, after school and before bed), unless specified differently on the prescription.
 - Medication to be administered at school, must state so on the prescription.

• **The responsibility for a child taking medication at school rests entirely with the parent/guardian.**

Name of Medication: _____ Dose: _____

Route (by mouth, topical, etc): _____ Time(s) to be given: _____

Other Medications: _____

Condition/Illness Requiring Medication: _____

Possible Side Effects, if any: _____

Physician's Name: _____ Physician's Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Emergency Contact Name & Phone: _____

I hereby authorize the personnel, employees and officials of the Muscogee County School District 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. **I give my permission for the school nurse/ school representative to contact my child's physician Yes ___ No ___**

Signature of Parent/Guardian _____ Date _____

Signature of School Registered Nurse _____ Date _____