

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.

Signature of Parent/Guardian _____ Date _____

Signature of School Nurse _____ Date _____

5/2020

School Nurses Sharepoint Document Location: Forums > Forms and Letters; Forums > Medication Administration