

FANNIN COUNTY SCHOOL SYSTEM

AUTHORIZATION TO GIVE OVER THE COUNTER MEDICATION AT SCHOOL

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 and the medicine must be provided.

STUDENT'S NAME: _____

TEACHER: _____ **GRADE:** _____

I hereby request that _____, through the principal or designee; supervise/assist in the administering of medication to my child, according to the instructions contained on the statements below. I understand that:

- All Medications **must** be in the **original labeled** bottle/container (no baggies, foil, or opened containers, etc.). This includes all over the counter medications as well.
- 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 bottle/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: _____

Time(s) to be given: _____ **Dose:** _____

Route: _____ **Stop Medication On:** _____

Healthcare Provider's Name: _____ **Phone:** _____

I release the school board, the school, and any school employee from any liability for administering this medication.

Parent/ Legal Guardian Signature

Date

Home Phone: _____ **Work Phone:** _____ **Pager/Cell Phone:** _____

To be completed by healthcare provider for all medication(s) required for two weeks or more.

Condition/Illness Requiring Medication: _____

Possible Side Effects, if any: _____

Signature of Healthcare Provider

Date

The Fannin County School System does not discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in admission to its programs, services, and activities, in access to them, in treatment of individuals, or in any aspect of their operations. For additional information or referral to the appropriate system coordinator, contact the system superintendent's office at 2290 East First Street, Blue Ridge, Georgia 30513 or 706-632-3771.