

Allergies:

Short Term (or) Over The Counter Medication Authorization and Student Log

MEDICATION to Give		DOSAGE	ROUTE	WHAT TIME(S) TO GIVE AT SCHOOL		WHAT TIME(S) TO GIVE AT HOME			
This medication is being given for the treatment of :									
Physician:			Pharmacy:			Start Date:	Stop Date:		
Medication Received					Medication Returned				
Date	Amt	From	Rx #	Date filled	Sch Hlt Rep	Date	Amt Ret.	To	Sch Hlt Rep

I hereby request and authorize the principal and his/her designees to **1)** administer or assist my child with the medication(s) or procedure(s) as prescribed by his/her physician and as directed on the label of the current original container I provided. **2)** I also give permission for my child's physician(s) to release any medical records to my child's school health representative, **3)** for the school to release medically related records to my child's physician(s), **4)** for the school to bill my child's medical insurance for services rendered during school hours, and **5)** for the school to seek emergency medical services for my child if necessary. I understand that the school system cannot provide these health related services to my child, or bill Medicaid/PeachCare or obtain information about my child without my consent for these health related services.

I have read this form and I understand that school personnel will administer the medication(s)/procedure(s) in accordance with the school systems procedures. I understand my responsibility toward the school personnel who are agreeing to assist me in this matter of medication for my child while at school. I will administer at least one dose of the medication(s) prior to any school administration of the medication. I agree that the school system and personnel will not be held legally responsible or liable for any illness or damage that may result from administration or lack of administration of this medication/procedure to my child or from the storage of medication supplies for my child. I agree to provide any and all supplies and equipment necessary to carry out this request.

If any information on this form **CHANGES** or if your physician discontinues this medication prior to these initial guidelines it is my responsibility as the parent/guardian to notify the School Nurse in **WRITING**.

*****SCHOOL PROCEDURES REQUIRE THAT AN ADULT TRANSPORT ALL MEDICINES TO & FROM THE SCHOOL CLINIC*****
Students found in possession of medication on school property are subject to disciplinary procedures.

Date _____ Parent/Guardian Signature _____ Home Ph _____ Mobile Ph _____
 Address _____ Work Phone _____
 Emergency Contact _____ Relationship _____ Ph 1 _____ Ph 2 _____
 School Health Representative _____

Over the counter medication may not be given more than 5 consecutive days or 30 cumulative days per semester without a physician order.

Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___
Day 1 Time Initial/Title	Day 2 Time Initial/Title	Day 3 Time Initial/Title	Day 4 Time Initial/Title	Day 5 Time Initial/Title	Day 6 Time Initial/Title
Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___
Day 7 Time Initial/Title	Day 8 Time Initial/Title	Day 9 Time Initial/Title	Day 10 Time Initial/Title	Day 11 Time Initial/Title	Day 12 Time Initial/Title
Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___
Day 13 Time Initial/Title	Day 14 Time Initial/Title	Day 15 Time Initial/Title	Day 16 Time Initial/Title	Day 17 Time Initial/Title	Day 18 Time Initial/Title
Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___
Day 19 Time Initial/Title	Day 20 Time Initial/Title	Day 21 Time Initial/Title	Day 22 Time Initial/Title	Day 23 Time Initial/Title	Day 24 Time Initial/Title
Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___
Day 25 Time Initial/Title	Day 26 Time Initial/Title	Day 27 Time Initial/Title	Day 28 Time Initial/Title	Day 29 Time Initial/Title	Day 30 Time Initial/Title

Initials with title	Full Signature with Title	Initials with title	Full Signature with Title