GUILFORD COUNTY SCHOOLS
AUTHORIZATION OF MEDICATION FOR A STUDENT AT SCHOOL

Check one:_____Prescription_____Non-Prescription

School:_____School Address: _____

Name of Student: _____ Date of Birth: _____

IN ORDER TO KEEP THIS STUDENT IN OPTIMUM HEALTH AND TO HELP MAINTAIN MAXIMUM SCHOOL PERFORMANCE, IT IS NECESSARY THAT MEDICATION BE GIVEN DURING SCHOOL HOURS.

NOTE: Please Complete a Separate Form for each Medication

PRESCRIBER INSTRUCTIONS:
Prescribing Health Care Clinician (print):_____Phone: _____

Medication:_____Diagnosis: _____

Dosage, Time, and Method of Administration: _____

Expected Dates for Administration: _____

List Any Possible Adverse Reactions That Should Be Reported to Health Care Clinician: _____

_____

☐ Check here if serious reaction can occur if medication not given exactly as prescribed.

☐ Check here if serious reaction can occur even when medication is administered properly.

☐ Student has been instructed, understands and has demonstrated the skill to self administer his/her emergency medication.

Special handling instructions:_____

NOTE: The health care clinician may use another format (computer printout, letter, etc.) to authorize administration of the medication. However, all information requested above must be provided.

_____
Signature of Health Care Clinician Date Phone

PARENT'S PERMISSION
I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed physician or other health care clinician. I hereby release the Board of Education and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

_____
Signature of Parent or Guardian Date Phone

(SCHOOL USE ONLY)
Name and title of person(s) designated by principal to administer medication: _____

_____

☐ Student has demonstrated to the school nurse the skill to self administer his/her emergency medication.

Content reviewed by: _____
Signature of School Health Nurse Date

Withdrawal of authorization was made in writing (attach note from parents): _____
Date