

HALL COUNTY SCHOOL SYSTEM

Gainesville, Georgia

Teacher / Grade _____

School Year: _____

PARENT/GUARDIAN MEDICATION PERMISSION FORM

(This form must be completed before a parent-prescribed, self-prescribed, or doctor-prescribed medication can be taken by a student at school.)

Dear Parent/Guardian,

The school has received a request from you that _____ is taking medication and will need to take it during school hours. We request that you fill out this form for your child and keep us updated on medication dosage and/or treatment changes.

We also ask for your assistance in helping us with the large amount of medication that is being taken by students during school hours. We request that if the medication can be taken at home instead of during school hours that the parent/guardian be encouraged to do so.

Medication will only be given if it is **delivered to the school in the original bottle**, marked with the student's name, dosage, the time to be administered, Health Care Provider name, pharmacy name, and date of purchase. Parents must deliver medication to the school. For safety reasons, do not send medications in student book bags. Please read the reverse side of this form.

Your assistance with this is greatly appreciated. Thank you.

Student's Name: _____	Birthdate: _____	Grade: _____	School: _____
Illness requiring medication: _____			
Name of medication to be given to this student: _____			
Dosage to be given: _____		Time to be given/directions: _____	
Route to be given: _____		How many days is medicine to be given?: _____	

Prescribing Health Care Provider's (Doctor, Dentist, etc.) Name: _____

Address: _____ Health Care Provider's Phone #: _____

List possible (significant) side effects of this medication: _____

Allergies of student: _____

Other Information / Comments: _____

STATEMENT OF PARENT/GUARDIAN

I hereby release and discharge the Hall County Board of Education, the Hall County Board of Health, and its employees and officials, from any and all liability in case of accident or any other mishap in supervising/assisting with said medication due to any side effects, illness, or other injury which might occur to my child through supervising/assisting with said medication, and I hereby release said aforementioned officials from any liability because of any injury or damage that might occur.

Permission is hereby granted to the principal or his/her designee to supervise/assist my child in taking the indicated medication. I understand that a concerted, reasonable effort will be made to administer the medication listed above. (See reverse side for guidelines for all medication administration.)

I give the above mentioned personnel permission to contact my child's health care provider, if necessary, to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required. For lifesaving emergency medications, I give permission for school staff on a "need to know" basis be trained on administration of this medication for my child.

Signature of Parent/Guardian

Date

Work Phone #: _____ Home Phone #: _____

Cell Phone #: _____

PARENT INFORMATION REGARDING ALL MEDICATION ADMINISTRATION:

1. Medications received at school in unlabeled bottles, pills in zip-lock baggies and aluminum foil **WILL NOT** be administered.
2. Non-prescription medications (over-the-counter) must be brought to the school in a **NEW UNOPENED ORIGINAL** container along with a written parental request that includes parent contact phone number and directions for administering that states the frequency, dose and length of administration.
3. Prescription medications must be brought to the school in the **ORIGINAL** prescription container (dated for current month) labeled with the student's name, date prescribed, instruction for administering, name of drug, name of issuing Health Care Provider, expiration date, and route medication is to be given.
4. Parents are urged to give medications at home unless prescribed during school hours. Medications prescribed once, twice, or three times a day can be administered at home unless *specifically* prescribed during the school day. Once a day morning medications should be administered at home prior to the school day. Due to safety reasons, the school/clinic will no longer accept 'back up' doses to administer in the event the morning med is not taken at home. The parent/guardian is responsible for bringing the missed dose to school.
5. Schools will dispense medication only as directed on the **ORIGINAL** prescription labeled container. **It is the responsibility of the parent/guardian** to notify the school if changes in the medication, dosage, and/or time of administration are requested, **AND** a new **ORIGINAL** container must be provided.
6. For **ALL** medications to be administered for more than 10 school days (Long Term), the parent/guardian must provide specific instructions, including related equipment needed if necessary, on the a "Parent/Guardian Medication Permission Form" and the "Health Care Provider Medication Permission Form."
7. **It is the responsibility of the parent/guardian** to inform the school, in writing, of any changes in pertinent data. A new "Parent/Guardian Medication Permission Form" must be provided indicating changes.
8. **It is the responsibility of the parent/guardian** to deliver **ALL** medication directly to the principal's office or other designated school personnel. It is a violation of the Student Code of Conduct for students to transport medications to school without permission to self carry on file.
9. A "Parent/Guardian Medication Administration Record" **and**, if pertinent, a "Health Care Provider Medication Information Record," shall be kept relative to each medication taken by the student during the school day. This record will include student's name, date, and name of medication, time, and signature of school personnel who supervised and/or assisted said medication administration.
10. Long-term medications usually need to be refilled on a monthly basis. **It is the responsibility of the parent/guardian** to keep the school supplied with adequate amounts of medication.
11. If your child takes a daily controlled medication, for safety and security reasons, please bring only a **30 day supply per month**. Please bring the bottle with a RX label written in ENGLISH dated or the current month. If the prescription calls for a dosage of one and one half pills, please break the pills in half before bringing the bottle to school.
12. Upon receipt at school, all controlled medications must be counted by the parent/guardian and the school nurse (or designee) with the amount received properly documented. Once meds are received and counted, they are considered in school custody and are to stay in the clinic until the last day of school or withdrawal.
13. Parents or legal guardians are responsible for picking up unused medication at the end of the school year or when the student withdraws from a State School. School staff will destroy any medications remaining at school after the end of the school year.