

MEDICATION ADMINISTRATION CONSENT FORM

Notice to Parents/Guardians:

To comply with State School Law governing the administration of medication at school, the Tucker County Schools requires that all students who need medication during school hours do the following:

- Send medication to school only if it is medically indicated during school hours.
- The parent or legal guardian must sign the written consent form for any medication to be given.
- **The first dose of any medication must be given at home** due to the possibility of allergic response.
- The parent must send the medication to school in the properly labeled original container, or individual package not in a baggie or unlabeled bottle. Medication that is not properly identified **WILL NOT BE GIVEN**.
- Do not list more than one medication on this form. Use a separate form for additional medications.
- If there is any question about the dosage of medication the child is to receive, it will not be given.

Name of student: _____ Date of birth _____ Age: _____

School: _____ Grade: _____

Known Allergies: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____ give my permission for trained school personnel to administer the following medication to my child according to the dosage and instructions listed below.

Parent/Guardian Signature

Telephone

Date

MEDICATION REQUIRED AT SCHOOL-PHYSICIAN MUST COMPLETE

Name of medication: _____

Reason for medication: _____

Medication dosage to be given at school: _____

Time and frequency for medication to be given at school: _____

Signature of Physician

Date