

Authorization to Assist Competent Student With Self-Administration of Medication (Prescription & Non-Prescription)

Medication shall be administered only when the student's health requires that it be given during school hours and all policies/procedures are properly followed. It is the parent/guardian's responsibility to bring medication to school and to remove any unused medication when treatment is completed.

All **prescription medication** must be brought to school in the **original container**.

The pharmacy label must include the following information:

- | | |
|----------------------------|---|
| 1. Student's name | 5. Current administration directions (route and time) |
| 2. Date | 6. Prescription number |
| 3. Medication name | 7. Licensed prescriber's name |
| 4. Current medication dose | 8. Pharmacy name, address, and phone number |

All **non-prescription medication** must be brought in the **original manufacturer's labeled container** with the ingredients listed and readable. The student's name must be affixed to the container.

No more than one month's supply of prescription medication or two week's supply of non-prescription medication can be brought to school.

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Parent/Guardian Authorization

School Year:
20__ - 20__

Child's Information:

Name of Child: _____ School: _____
Date of Birth: _____
Grade/Child's Age: _____ Homeroom Teacher or Instructor: _____

I request that school personnel assist the above named student to self-administer the following medication while at school or away for a school-related activity.

Name of medication: _____
Amount of medication to be taken: _____
Time(s) medication is to be taken at school: _____
Reason medication is needed at school: _____
Possible side effects: _____
Possible emergency treatment: _____
Date the first dose of medication is to be taken: _____
Date the last dose of medication is to be taken: _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Jackson Madison County School System (JMCSS), the undersigned parent/guardian hereby agrees to release the JMCSS and its personnel from any legal claim they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student. I will assume full responsibility for any side effects and complications that my child may have as a result of taking this medication.

Parent's/Guardian's Signature: _____ Date: _____
Parent(s) or Guardian(s) Names: _____

Mother's or Guardian(s) Telephone (W): _____ Father's Telephone (W): _____
Mother's or Guardian(s) Cell/Pager: _____ Father's Cell/Pager: _____
Mother's or Guardian(s) Telephone (H): _____ Father's Telephone (H): _____

JACKSON MADISON COUNTY SCHOOL SYSTEM

Dear Parent/Guardian:

This letter is to inform you about the correct procedure for administering medication school:

1. An authorization form must be **fully completed** and signed by the parent/guardian for *each* medication given. If the medication dosage changes, another authorization form must be signed with the correct dosage written.
2. The parent/guardian should bring medications in the original container. If the dosage changes, another label or a new bottle must be provided to the school.
3. On the prescription bottle should be the medication name, current dosage, and student's name.
4. There should only be one medication per bottle. The school will not accept medications in other containers (such as baggies or envelopes).
5. If medication(s) are to be given at home and at school, please ask the pharmacist to place them in two separate containers for the month's supply.
6. If the medications can be given other than during school hours, please do so.
7. If an **over-the-counter medication (non-prescription)** is needed at school, it will be **dispensed for a two-week period only**. The medication must be in the original container accompanied by parental authorization. After the two week period, the parent should pick up any medication remaining or it will be disposed of by designated school personnel. **If a student requires a non-prescription medication at school for a period greater than two weeks**, a physician's statement will be required including the medication name and why needed.

These guidelines have been adopted for your child's protection and your cooperation is sincerely appreciated.