

STEWART COUNTY SCHOOL SYSTEM

Medication Authorization

Student: _____ D.O.B. _____

School: _____ Grade: _____ Teacher: _____

The medication policy of the Stewart County School System states: medications shall be administered only when the student's health requires that they be given during school hours. Medication must be brought to the school by a responsible adult. (Prescription medication must have a proper pharmacy label attached. Non-prescription medication must be in a new unopened container.) All medications shall be kept in a locked cabinet (*inhalers may be kept with student if noted by physician below).

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

(If non-prescription medication, parent must fill out)

Name of medication: _____ Reason for medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer G-Tube Other _____

Schedule [Time(s) of administration]: _____ Dosage: _____

Start: date form received (Office use only: Date received: _____)

Stop: end of school year Other date / duration: _____

For episodic / emergency events only

Restrictions and / or important side effects: None anticipated Yes

If yes, Please describe: _____

Special storage requirements: None Refrigerate Other: _____

This student is both capable and responsible for assisted self-administration of this medication:

No (a nurse must administer) Yes-Supervised (a trained teacher/principal/assistant may administer)

Student may carry this medication (Emergency medications only)

Date: _____

Physician signature:

Physician's Name:

Phone Number:

Address:

TO BE COMPLETED BY PARENT / GUARDIAN

I give permission for my child to receive the above medication during the school day assisted by school personnel as necessary. My child is both capable and responsible to self-administer this medication with assistance.

Yes No Please report concerns about medications or disease to the above physician and myself.

Date: _____ **Parent Signature:** _____

Phone numbers (in case of emergency) _____

Total completion of this form is mandatory.