

**HAMBLLEN COUNTY SCHOOLS  
ADMINISTRATION OF NONPRESCRIPTION MEDICATION AND SELF MEDICATION**

**PART I:** All nonprescription medication needs to be in manufacturer's original container with the child's name attached to the container. Medication must be brought to school by a responsible adult. **Please do not send medication by children.** All empty containers or remaining medication must be picked up by responsible adult.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's name \_\_\_\_\_ Emergency phone \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

How should medication be administered? \_\_\_\_\_

When and how often should medication be given? \_\_\_\_\_

Reason medication is needed \_\_\_\_\_

Date to discontinue \_\_\_\_\_

Possible side effects or special considerations \_\_\_\_\_

**PART II:** *I give permission for my child to self-administer medication at school with the understanding that the person assisting in the self-administration is not a medically trained person. My child is competent to self-administer medication with assistance. I release Hamblen County Board of Education, its agents, and its employees from any and all liability growing out of the administration of this medication.*

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

To be filed in principal's office.