

# Jefferson County School

## Parent/Guardian Authorization Form to Dispense OTC Medication

*This Form is Good for Only One School Year 2018-2019*

Policy 6.405

The state of Tennessee requires that ALL medications given to students at school must have a **SIGNED** authorization to dispense medication. This includes OTC's and prescribed medications. The parent/guardian is responsible for informing the school of any changes in the student's health or changes in medication. No medication will be administered until information is completed and returned to the school. Medication change requests must be accompanied by an up-dated medication authorization form that has been signed by the parent/guardian. Only one form is to be used per medication. Medication must be brought to school and picked up by a responsible adult. DO NOT SENT ANY MEDICATIONS TO SCHOOL WITH THE STUDENT.

**To Be Completed by Parent/Guardian:** (for any medication to be administered during school hours).

Name of student \_\_\_\_\_ Date of birth \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Name of parent/guardian  
(PRINT): \_\_\_\_\_

Parent/guardian's home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency contact (name and phone): \_\_\_\_\_

### **Over the Counter Medication:**

The following is to be **completed by the parent/guardian** for all over the counter medications. Medication must be brought to school in the original labeled container with student's name affixed to the container.

Diagnosis for this medication: \_\_\_\_\_

Duration or last date to be given at school \_\_\_\_\_

Name of medication and dosage to be given at school: \_\_\_\_\_

Time, frequency and route (orally, topically, inhalation, injection): \_\_\_\_\_

If medication is to be given as need, describe symptoms: \_\_\_\_\_

I understand that my child will self-administer the medication with assistance from school staff, licensed nurse or unlicensed personnel, and I declare that he/she is competent to do so. I understand that the school system is not liable for and that I assume full responsibility for any side effects and complications my child may have as a result of taking this medication. OTC meds used frequently or chronic, or is administered in a higher than recommended dosage or frequent must be signed by a physician.

**Parent/guardian's signature:**

**X** \_\_\_\_\_

Date: \_\_\_\_\_

MUST BE RENEWED EACH SCHOOL YEAR