Assistance with Medication

(This form MUST be filled out each school year and anytime there is a change by the physician)

Student Name_____

School_____

Grade/Teacher_____ **Address:** _____

Parent/Guardian Name _____**Daytime Phone #**_____

Please Note:

1. **Prescription medication MUST be in the original container from the Pharmacy. The label must include the student's name, name of the drug, and instructions for use. It must include the physician's name and expiration date. All medications are to be provided by the parent/guardian.**

2. **We will follow the written instructions on the bottle for dispensing the medication or will require a written note from the Doctor to change this order.**

3. **Over the counter medications must be in the original packaging. Dosage dispensed will need to follow package recommendations based on height and weight.**

4. **Students are NOT permitted to transport ANY medications to and from school. This is for the safety of all students. All medications should be brought directly to the front office/clinic by a responsible adult. All prescription medications must be brought in by the parent/guardian and given to the school nurse. (Medication count and verification will be done along with a Parent/Guardian signature)**

5. **For any medication that is kept with a student (ex. Inhaler, EPIPEN), please see the school nurse for appropriate form, which requires a Doctors signature.**

6. **It is your responsibility to pick up all medications and or medical supplies before the last day** of **school or they will be disposed of.**

Name of Medications: ** Please note any side effects
**** Route is how it is to be given (Oral, Topical, Injection, etc.)**

1._____**Dosage/Route**_____**Time**_____ **Purpose**_____

2._____**Dosage/Route**_____**Time**_____ **Purpose**_____

3._____**Dosage/Route**_____**Time**_____ **Purpose**_____

This request is valid from Dates_____ **to** _____

I authorize the personnel of Paulding County School District to assist my child in taking medication. I hereby release and waive, and further agree to indemnify, hold harmless or reimburse the Paulding County Board of Education, the individual members, agents, employees, and representatives thereof, from and against, any claim which I, any other parent or guardian, any sibling, the student , or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses damages or injuries arising out of, during or in connection with the administering of this medication

Signature of Parent/Guardian_____**Date**_____

Revised 10/14/2020