

PERMISSION FOR MEDICATION
ATHENS CITY SCHOOLS

NOTE: If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary for a medication to be given during school hours, the following regulations must be followed:

1. Present this "Permission for Medication" form signed by the parent or legal guardian.
2. Bring the medication IN THE ORIGINAL PRESCRIPTION BOTTLE, properly labeled by a registered pharmacist as prescribed by law. IF MEDICATION IS NOT PROPERLY LABELED, IT WILL NOT BE GIVEN.

I give my permission to _____ School to administer to
my Child _____

the following Medication _____ Dosage _____

Time of day medication to be given _____ a.m. _____ p.m.

Recommended by Dr. _____

Condition necessitating use of this medication _____

Possible side effects _____

Anticipated number of days medication needs to be given at school:

Starting date _____ Ending date _____

It is understood that this 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 Athens City Schools, the undersigned parent or guardian hereby agrees to release the Athens City School System and its personnel from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for the school to assist my child in taking the above prescription as ordered. I understand that it is my responsibility to provide this medication in the original prescription container.

date

Signature of Parent or Guardian

Teacher _____

Phone Number(s) in case of emergency

Grade _____

Thank You!!

Connie Akers, BSN, RN
Athens City Schools Nurse