



Dickson County Schools

Medication Authorization

Medication shall be administered only when the student's health requires it to be given during school hours. It is the parent/guardian's responsibility to bring the medication to the school nurse and sign it in. Parent/guardian is to pick up any unused medication when treatment is complete or at the end of the school year. All prescription medications must have a pharmacy label with the following information: Name, prescription number, name of medication and dosage, administration instructions, date filled, prescriber's name, and pharmacy's name, address, and phone number. Ask your pharmacy for an extra bottle with label to bring to the school. All non-prescription medications must be brought in the original unopened manufacturer's labeled container with the ingredients listed.

Students Full Name _____

Date of Birth ____/____/____ School _____ Grade _____

Name of Medication _____

Amount of Medication to be taken _____

Route (Circle) Orally Topically Inhalation Injection Expiration Date ____/____/____

Time of the Day to be Taken _____

Reason Medication Needs to be Given at School _____

Relevant Side Effects _____

Termination Date ____/____/____ or End of School Year

Providers Name _____

Date ____/____/____ Phone _____ Fax _____

Provider's Signature _____

I release the Dickson County School System and it's personal, from any legal claim. This release of liability is intended to be broad in scope and shall cover administration of medication assistance, failure to administration medication, side effects, and complications that my child may have. My child is competent to self-administer the medication with assistance. I assume full responsibility for my child's health care and for the administration of medication.

Parent/Guardian Signature _____ Date ____/____/____