

**IRWIN COUNTY SCHOOL DISTRICT
AUTHORIZATION TO GIVE MEDICATION AT SCHOOL**

If medication can be given at home, before or after school hours, please do so. If medication must be given during school hours, this form must be completed and filed with the School Clinic. Please complete one form for each medication.

STUDENT'S NAME: _____

TEACHER: _____ **GRADE:** _____

I authorize the Irwin County School District to assist my child in taking this medication. I understand that:

- Medications must be in the original labeled container. Pharmacists can provide a duplicate labeled container with only the school doses of medication.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or school nurse.
- The parent/guardian must inform the school of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be brought to the office/clinic by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

Name of medication: _____

Dose _____ Route* _____

Time(s) to be given _____ Stop medication on _____

Condition/illness requiring medication _____

Possible side effects, if any _____

Physician's name _____ Physician's Phone _____

I hereby authorize the personnel, employees and officials of the Irwin County School District to assist my child in taking the above prescribed medication according to District policy. I release the Irwin County School District from any liability for administering this medication. I understand that, in the event of a change in medicine, I am responsible for presenting a new authorization form.

Parent/Guardian Signature Date

Home Phone Work Phone Cell Phone

To be completed by school health clinic personnel only:

Date received _____ Name of medication _____ # doses _____

*Route: The method that medication is administered, such as by mouth, injection, inhaler, rectum, etc.