

## Form for Administration of Prescribed Medication During School

If this form is properly completed and returned to the school principal, the Coweta County School System may assist parents when their child's physician has prescribed medication for the child. The medication will only be given if it is delivered to the principal or his/her designees in the original container marked with the student's name, dosage time of administration, physician, pharmacy and date of purchase or expiration date of medication.

Student Information			
SCHOOL	Welch Elementary School	SCHOOL YEAR	_____
STUDENT NAME	_____	GRADE	_____
	First _____ M.I. _____ Last _____		
DATE OF BIRTH	_____	SEX	_____
		RACE	_____

Long Term Medication Information (more than two weeks)	
MEDICATION	_____ DATE PRESCRIPTION ISSUED _____
DOSAGE & TIME OF ADMINISTRATION	_____
CONDITION REQUIRING MEDICATION	_____
PHYSICIAN NAME	_____ PHYSICIAN PHONE _____
PHYSICIAN ADDRESS	_____
DISPOSITION	Parental Pick-up* <input type="checkbox"/> Please Discard <input type="checkbox"/>
AFTER COMPLETION	Other <input type="checkbox"/> (please explain) _____
*Medication should be picked up by parent at the conclusion of the school year. Any medication remaining at the school 5 days after the last day of school will be discarded by the school designee and a witness.	
POSSIBLE SIDE EFFECTS OF MEDICATION	_____
OTHER MEDICATION STUDENT IS TAKING	_____
ALLERGIES	_____

Permission Statement of Parent/Guardian	
As a parent/guardian of the above named student, I do hereby request the school system give said medication to the above named student. I understand that the school system is not legally obligated to administer medication to the student. School personnel will administer the medication. I have the right to monitor the medication record of the above named student upon request. I agree not to institute suit against the school system for the administration or non-administration of the medication, to defend and hold the school system harmless from any liability resulting from the administration or non-administration of the medication, and the defend and indemnify the school system and it's employees from any liability arising out of this agreement. The school system is released from any liability regarding the transportation of medication to and from school. The school system nurse has the right to consult above stated physician regarding said illness and/or the said medication.	
SIGNATURE OF PARENT/GUARDIAN	_____ DATE _____
WORK PHONE	_____ HOME PHONE _____ CELL PHONE _____
SCHOOL PERSONNELL SIGNATURE	_____ POSITION _____

