



**THOMASVILLE CITY SCHOOLS
AUTHORIZATION TO GIVE MEDICATION AT SCHOOL**

If medication can be given at home or after school hours, please do so.
However, if medication must be given during school hours, this form must be completed.

Student's Name: _____

Teacher: _____ **Grade:** _____

I request that the Thomasville City Schools, through the nurse or designee, supervise/assist in the administering of medication to my child, according to instructions in the statements below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc). Pharmacists can provide a duplicate labeled container with only the school doses.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or clinic personnel.
- It will be the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed and a newly labeled container is provided.
- All medication will be taken directly to the office/clinic by the parent. The school is not responsible for any medication brought or lost by the student until the point it is turned over to school staff.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued or school year has ended.

Name of Medication: _____

Dose: _____

Route (by mouth, topical, etc): _____

Time to be given: _____

Stop medication on: _____

Condition/Illness Requiring Medication: _____

Possible Side Effects, if any: _____

Physician's Name: _____

Insurance: BCBS _____ Medicaid _____ Peach Care _____ State Merit _____ Other _____

I hereby authorize the personnel, employees and officials of the Thomasville School System to assist my child in taking prescribed medication according to district policy. I release the school board, the school, and any school employee from any liability or adverse reactions that may occur as a result of taking this medication.

Parent/Legal Guardian Signature

Date

Home Phone _____

Work Phone _____

Cell Phone _____