

**BRYAN COUNTY SCHOOL SYSTEM
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

A signed, updated form from the parent or guardian giving permission must be on file with the School Nurse at all times. The school nurse shall give medication, but arrangements must be made in advance of when the medicine needs to be given. Prescription medication will be dispensed, and it must be in the original bottle, labeled properly and dated. For children who take medicine regularly – school staff will try to keep you informed when the supply is running low but please keep in mind that it is up to the parents to know when the medicine will run out and send more. Also, please make doctor appointments well in advance of running out of medication. If dosages change, a new form must be filled out before medicine can be given to the child.

Whenever possible, please encourage medication to be taken at home before school or promptly after school. If this is not possible, then school staff wants to see to the needs of your child, but staff needs your cooperation in securing adequate records for the safety of your child. Keep in mind also, over the counter (OTC) medications will be considered on an individual basis but a written order by a physician is preferred. If the student is covered under a Medicaid plan, this form will be giving the school permission to bill Medicaid for the services rendered during school hours. If you have any questions, please feel free to contact the school nurse.

DO NOT TRANSPORT MEDICATION WITH STUDENTS!!

I, the parent/guardian of _____,
authorize and give permission to the teachers and other employees of the Bryan County Public Schools to administer the following medication to our child. We agree that the Bryan County Public Schools and its employees shall not be liable or responsible for any illness or damage to any person or property which may result from the storage of medication, from giving our child medication, or from failing to give our child medication.

I have read and understand the prescription medication administration procedure.

Child's Name _____ Teacher _____

Doctor's Name _____ Date _____

Name and dosage of medication _____

Time(s) medication is to be given _____

Duration _____ Start date _____ Stop date _____

Insurance: Blue Cross/Blue Shield _____ Medicaid _____ State Merit _____ PeachCare _____

Parent/Guardian Signature _____

Emergency contact phone numbers _____