

2021-2022 Crisp County Primary School Medication Authorization

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.

Students Name: _____

Teacher: _____ Grade: _____

I request that the Crisp County Primary School, through the principal or designee, supervise/assist in the administering of medication to my child, according to the instructions stated below. I understand that:

Medications must be in the original labeled container (no baggies, foil, etc.).

Parent(s)/Guardian(s) must provide specific instructions, as well as the medication and related equipment to clinic personnel.

It will be the responsibility of the parent/guardian to inform clinic personnel of any changes. New medications 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 clinic by the parent.

Unused medication will be disposed of unless picked up within one week after medication is discontinued.

Name of medication: _____ Dose: _____

Time(s) to be given at school: _____

Purpose of medication: _____

Possible side effects, if any: _____

Physician's name: _____

I hereby authorize the personnel, employees and officials of the Crisp County School System to assist my child in taking prescribed medication according to district policy.

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

Date: _____ Telephone Number: _____