

# SMITH COUNTY SCHOOLS

Smith County, Tennessee

## PHYSICIAN'S FORM FOR MEDICINE ADMINISTRATION

(This form is required by Tennessee state law and the Smith County school system when any student needs to be given prescription medication, herbal supplements, or any daily medication at school.)

1. STUDENT'S NAME: \_\_\_\_\_ STUDENT'S AGE: \_\_\_\_\_

2. STUDENT'S ADDRESS: \_\_\_\_\_

3. SCHOOL'S NAME & FAX NUMBER: \_\_\_\_\_

***PHYSICIAN: PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM TO THE SCHOOL NAMED ON LINE 3 ABOVE.***

4. MEDICATION'S NAME & DOSAGE: \_\_\_\_\_

5. TIMES FOR MEDICINE TO BE ADMISTERED: \_\_\_\_\_

6. ADMINISTRATION OF MEDICATION TO END: \_\_\_\_\_

7. SIDE EFFECTS THAT SHOULD BE REPORTED TO THE PHYSICIAN: \_\_\_\_\_

\_\_\_\_\_

8. SPECIAL INSTRUCTIONS FOR ADMINISTRATION OF THIS MEDICINE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHYSICIAN'S PHONE NUMBER

\_\_\_\_\_  
PHYSICIAN'S PRINTED NAME

\_\_\_\_\_  
DATE

9. RELEASE OF INFORMATION STATEMENT: Please release to Smith County Schools any information and materials that may contribute to the school's adjustment or assessment of my child. Smith County Schools has a legitimate educational and medical interest in this material.

10. CONSENT FOR ADMINISTRATION STATEMENT: During school hours the principal or individual designated by the principal has my permission to administer the above medication as indicated. I understand that all prescription medication must be provided to the school in the original container labeled by the pharmacist. If the directions for administering this medication change, it is my responsibility to notify the school immediately. I certify that this student is both capable and responsible for self-administering this medication while supervised by school personnel.

*I understand and agree to both of the statements above.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone