JOHNSON CITY SCHOOLS
HEALTH SERVICES
PERMISSION FOR MEDICATION ADMINISTRATION

(Prescription and Non-Prescription)

Many children and adolescents require medication to maintain an optimal level of functioning at school. While we encourage parents to give medication(s) at home, we understand that in some situations medication must be given at school. Medications must be brought to school by the parent/guardian in the original container with this signed permission form attached. The first dose or administration of any medication should be given at home. Expired Medication cannot be given at school. We do not administer any medications containing SALICYLATE (such as Aspirin and Pepto-Bismol) due to the danger of REYE'S SYNDROME without a written physician's signature. If you have questions, please contact the Office of Health Services at 423-232-5380.

Student's name: ______________________________ Date of birth: ____________

School: ______________ Teacher: ____________ Grade: _____ School Year: __________

Allergies: ____

Name of medication: ____________________ Strength: ________ Dosage: __________

Route of administration (by mouth, topical, inhalation, etc.): ____________________

Please check one: ❑ As Needed ❑ Daily (Time of day to given: ____________________)

Date started: ____________________ Date to be discontinued: ____________________

Purpose of medication: ____

Possible side effects: ____

Special Instructions: ____

____

______________ ***IS*** competent to self-administer his/her medication with the assistance of trained school personnel.
(Student's Name)

______________ ***IS*** NOT competent to self-administer his/her medication and will require medication to be administered by the school nurse/trained school personnel or parent.
(Student's Name)

I give permission for personnel of Johnson City Schools to contact prescribing healthcare provider in the event there are questions about the medication(s). The health care provider has my permission to discuss the medication, diagnosis, side effects, etc. with Johnson City Schools personnel.

Unless otherwise specified, the duration of this consent will be for the entire school year. It is the responsibility of the parent/guardian to remove any unused medication from the school within 7 days of the last day of scheduled administration or the medication will be discarded by the school nurse. NO MEDICATION WILL BE SENT HOME BY STUDENTS.

Custodial Parent/Guardian Signature ______________________________ Date: __________

Cell Phone: ____________ Home Phone: ____________ Work Phone: ____________

(Required for all medications – Prescription and Non-Prescription)

Emergency Contact: ______________________________ Phone: ____________

Physician Signature: ____________________ Date: ________ Phone: __________

(Required for all Prescription Medication and Non-Prescription Medication that will be administered on a regular basis longer than a four week period)

Form Updated 04/2018