

Johnson City School
Office of Health Services

Parental Request for
Administration of Non-Prescription Medication
at School for the 2017-18 school year

Medications should be limited to those required during school hours and necessary to provide the student access to the educational program. (Tennessee Department of Education and Tennessee Department of Health 2007 Guidelines)

Student Name: _____ Teacher: _____ Grade: _____

Date: _____

Name of medication: _____

Amount to be given: _____

Route of administration: () oral () topical () other: _____

Time of day to be given: _____

Date started: _____

Discontinuation date: _____

Reason for medication: _____

All medications must be stored in a secure, separate, locked drawer or cabinet unless written order from physician requires student possession.

This student is competent to self administer this medication with assistance of trained school personnel.

PLEASE SIGN

Parent or Guardian Signature

Address

Emergency Phone

Parents/guardians must provide emergency Inhalers and emergency medications for severe food or insect allergies.

Expired Medication cannot be given at school.

We do not administer any medications containing SALICYLATE (such as Aspirin & Pepto-Bismol) due to the danger of REYE'S SYNDROME without a written physician order.

MEDICATION THAT IS NOT PICKED UP WILL BE DISCARDED AT END OF SCHOOL YEAR.

Office Use Only: Date Form Received _____ Date Medicine Received _____

Received by: _____