

Johnson City School
Office of Health Services

Parental Request for
Administration of 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: _____

Discontinuation date: _____

Diagnosis or reason for medication: _____

Intended effect of medication: _____

Possible side effects: _____

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.

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Licensed Prescribers Signature

Address

Contact Number

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Parent's Signature

Address

Emergency Number

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: _____