

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: _____

(Student's Name) *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.

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)