

SCHOOL DISTRICT OF DESOTO COUNTY	AUTHORIZATION FOR ADMINISTRATION OF <u>NON- PRESCRIPTION</u> MEDICATION
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THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: each of the three sections must be completed by parent/guardian. Please return the completed form to the School Nurse.

I. STUDENT INFORMATION (To be completed by Parent/Guardian)			
Student's Name (Last, First, Middle)	Birth Date	Medicaid #	Grade/Homeroom Teacher
Parent/Guardian		Address	
Home Phone	Work Phone	Other Phone (Cell, Beeper, Etc.)	
II. ACTION PLAN (To be completed by Parent/Guardian). Please complete all spaces.			

THIS REQUEST IS TO BE EFFECTIVE THE SCHOOL YEAR 20__ -20__ OR EARLIER STOP DATE _____

MEDICATION: _____

GENERIC NAME (IF USED): _____

DOSAGE AMOUNT: _____ PLEASE ADMINISTER ACCORDING TO THE MANUFACTURER'S LABEL FOR RECOMMENDED TIME SCHEDULE WHEN NEEDED AT SCHOOL FOR THE FOLLOWING CONDITIONS OR SYMPTOMS: _____

III, PARENTAL PERMISSION (To Be Completed By Parent/Guardian). Form is void if this section is incomplete.

I request the designated school personnel to assist my child in the administration of the above-described medication. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the school district, its personnel or agents, including DeSoto County Health Department personnel, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first.

Parent/Guardian Signature: _____ Date: _____

Non-prescription medication requests must be renewed by the parent/guardian and release signed by the parent/guardian annually. Each medication, or any change in medication, requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired.
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