

## CLARKE COUNTY PUBLIC SCHOOLS MEDICATION AUTHORIZATION Release and Indemnification Agreement

**PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE**

<b>PART I PARENT OR GUARDIAN TO COMPLETE</b>			
<p>I hereby request Clarke County Public Schools (CCPS) personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless CCPS, any of their officers, staff members, or agents from lawsuits, claim expenses, demand or action, etc., against them for helping this student use medication, provided CCPS and staff members comply with the physician or parent/guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.</p>			
<p>Medication Authorization:</p> <p><input type="checkbox"/> Renewal    <input type="checkbox"/> New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction)</p> <p style="padding-left: 40px;">First dose was given: Date _____ Time: _____</p>			
<p>Student Name (Last, First, Middle): _____</p>			
Date of Birth: _____	School: _____	School Year: _____	
<p>No School Board employee, school nurse, or health room aide shall administer medication or treatment, as an exception under School Board policy, unless all the required clearances have been personally reviewed by the principal or his or her designee.</p>			
_____ Parent or Guardian Signature		_____ Daytime Telephone	
_____ Date			
<b>PART II PARENT OR GUARDIAN TO COMPLETE AND SIGN FOR OVER-THE-COUNTER MEDICATION FOR RELIEF OF SYMPTOMS FOR HEADACHE, ORTHODONTIC PAIN, OR MENSTRUAL CRAMPS. PHYSICIAN MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS.</b>			
<p>DIAGNOSIS: _____</p>			
<p>MEDICATIONS: _____</p>			
<p>If medication is given on an as needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.</p>			
<p>DOSAGE TO BE GIVEN AT SCHOOL: _____</p>		<p>TIME (S) OR INTERVAL BETWEEN TIMES TO BE GIVEN: _____</p>	
<p>EFFECTIVE DATE FOR CURRENT YEAR: FROM _____ TO _____</p>		<p>IF MORE THAN ONE MEDICATION, LIST SEQUENCE TO BE GIVEN: _____</p>	
<p>_____ <i>Physician Name (print)</i></p>		<p>_____ <i>Physician Signature</i></p>	
<p>_____ <i>Parent or Guardian (Print)</i></p>		<p>_____ <i>Parent or Guardian Signature</i></p>	
<p>_____ <i>Telephone or Fax</i></p>		<p>_____ <i>Date</i></p>	
<p>_____ <i>Telephone</i></p>		<p>_____ <i>Date</i></p>	
<b>PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE</b>			
<p>Check as appropriate:</p> <p><input type="checkbox"/> Parts I and II above are completed including signatures. (It is acceptable if all items in Part II are written on the physician's stationary or a prescription pad.)</p> <p><input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by parent. (Within one week after expiration of the physician order or on the last day of school)</p>			
<p>_____ <i>Principal or Principal Designee Signature</i></p>		<p>_____ <i>Date</i></p>	

*Information from the Clarke County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*

## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible in order that the student not lose valuable classroom time or have a shortened lunch period. Any medication taken in school must have a parent or guardian signed authorization; some medications also require physician orders. Medication must be kept in the school clinic or other school-approved location during the school day. **The parent or guardian must transport medications to and from school.** No medication may be accepted by school personnel without receipt of completed and appropriate medication forms.
2. A physician may use office stationary or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations.
  - Name of student
  - Date of birth
  - Reason for medication or diagnosis
  - Name of medication
  - Exact dosage to be taken in school
  - Time to take medication and frequency or exact time interval dosage is to be administered
  - Sequence in which the medications should be taken in cases where more than one medication is prescribed
  - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time, which it is to be given again. (“Repeat as necessary” is unacceptable.)
  - Duration of medication order or effective dates
  - Physician’s signature
  - Date
3. All prescription medications, including physician’s prescription drug samples, **must** be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication **must** be in the original container with the following:
  - Name of student
  - Exact dosage to be taken at school
  - Frequency or time interval dosage is to be administered
4. The first dose of any new medication must be given at home.
5. The parent or guardian is responsible for submitting a new form to the school at the start of the school year and each time there is a change in the dosage or in the time at which the medication is to be taken.
6. Medication kept in the school will be stored in a locked area accessible only to authorized personnel.
7. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
8. The student is to come to the clinic or the predetermined location at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the clinic at the appropriate time. **Medication can be given no more than one half hour before or after the prescribed time.**
9. CCPS does not assume responsibility for authorized medication taken independently by the student himself or herself.
10. In no case may any school staff member administer any medication outside the framework of the procedures outlined here and/or in CCPS regulations.

*Reverse side of form*