REQUEST FOR ADMINISTRATION OF MEDICATION
20 19 - 20 20

*****ASK your pharmacist to make a separate prescription labeled bottle, and/or additional labels for each device of your inhaler, epinephrine auto injector, additional insulin, Glucagon or other prescribed medication for school, home, and for the one you carry. It is preferable that a second prescription device be kept at the school in case the first is lost or left at home.***

If medications can be given at home or after school hours, please do so. However, if medication administration is absolutely necessary to be given during school hours, this form must be completed.

Permission is hereby granted to the local school principal or his/her designee to supervise my child in taking the following prescribed medication.

I hereby release and discharge the Fulton Science Academy and its employees and officials from any and all liability in case of accident or any other mishap in supervising said medication due to any side effects, illness, or other injury which might occur to my child through supervising said medication. I hereby release aforementioned officials from any liability because of any injury or damage which might occur.

I give the above-mentioned personnel permission to contact my child's health care provider and/or pharmacy to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required.

I understand that: All medications, herbals, and supplement must be approved by the U.S. Food and Drug Administration and appear in the U.S. Pharmacopeia

- **Medications must be in the original container.**
- Parent/Guardian must provide specific instructions (including drugs and related equipment) to the principal or his/her designee.
- It will be the responsibility of the parent/guardian to inform the school of any changes in pertinent data. New medications will not be given unless a new form is completed.
- All medication will be taken directly to the office by the parent or guardian. Students may not have medication in their possession, except with a physician's request or a physician's order on a Fulton Science Academy care plan.
- Students who violate these rules will be in violation of the Alcohol/Illegal Drug Use Policy (JCDAC).
- A daily record shall be kept on each medication administered. This record will include student's name, date, medication administered, time, and signature of school personnel who supervised.
- **MEDICATIONS MUST BE PICKED UP BY PARENT/GUARDIAN**. Any medication not picked up from the school by the end of the last school day of the year will be considered abandoned. Abandoned medication will be properly discarded in accordance with local, state, and federal laws/rules by the school nurse and an administrator.

NAME OF STUDENT ____________________________ **BIRTHDATE** ________________ **GRADE** _____
SCHOOL Fulton Science Academy Private School
MEDICATION ______________________________ **Amount to give** __________ **TIME to give** _______
ALLERGIES ___________________________________
PHYSICIAN'S NAME _____________________________ **PHYSICIAN'S PHONE** ___________________
Doctor Office Name ____ **FAX** ___________________

STATEMENT OF PARENT OR GUARDIAN

I hereby give my permission for my child to receive this medication at school.

SIGNATURE OF PARENT/GUARDIAN ___________________________________ **DATE** _____________
PHONE ______________________________

To be completed by Physician for long-term medications (more than two weeks):"Physician" as defined in Article 2 of the Medical Practice Act of Georgia ***Medication that contains Aspirin, Pepto Bismol or ointments MUST have a doctor's signature

CONDITION/ILLNESS REQUIRING MEDICATION ____
POSSIBLE SIDE EFFECTS OF MEDICATION ____
OTHER MEDICATION STUDENT IS TAKING ____
PHYSICIAN'S SIGNATURE _______________________________________ **DATE** __________________

Date received: # Initial ________ Expiration Date: ______________________
Picked up Date: # Initial ________ Disposed of date: # Initial _______
Dropped off: # ________ Initial ________