

**HARALSON COUNTY SCHOOLS STUDENT HEALTH SERVICES**

**"Authorization to Give Medication at School"**

If medication can be given at home before or after school hours, please do so. However, if medication must be given during school hours, this form **MUST BE COMPLETED**.

School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

I hereby request that the Haralson County School System, through the principal or designee, supervise/assists in the administering of medication to my child. According to the instructions contained on the state below I understand that:

**Medications (both prescription and non-prescription)  
MUST BE IN THE ORIGINAL LABELED CONTAINER**

(No baggies foil, etc). Your pharmacist can provide you with an extra labeled container at your request. **DO NOT SEND THE ENTIRE PRESCRIPTION TO THE SCHOOL. SEND ONLY WHAT THE STUDENT WILL NEED DURING THE SCHOOL DAY.**

Parent/legal guardian must provide specific instructions, as well as the medication and related equipment to the school. It will be the responsibility of the parent/guardian to inform the school of any changes. New medications or new doses **WILL NOT BE GIVEN** unless a new form is completed.

**UNDER NO CIRCUMSTANCES SHOULD A STUDENT BRING A  
"CONTROLLED" MEDICATION TO SCHOOL.**

Unused medication will be disposed of unless picked up within 7 days after the medication is discontinued.

School employees will not assume any liability for supervising or assisting in the administration of medication.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Only parent/legal guardian signature required for non-prescription meds)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Only required if medication is "sampled" or prescribed)