

Putnam County Schools
Coordinated School Health

Authorization to Assist Student with Self-Administration of Medications

Medication shall be administered during school hours only when required to maintain the student's health and support the student's continued presence in school. This consent also involves Over-The-Counter medications. Parent/Legal Guardian shall be given the medication guidelines and sign this consent before any medication is administered to any student.

Student's name: _____ DOB: _____

Student's School: _____ Grade & Teacher: _____

Allergies: _____

I request that school personnel assist the above named student to self-administer the following medication when at school, at a school sponsored activity, or after normal school activities while on school properties, including school sponsored child care or after school programs.

Physician's Name: _____ Phone #: _____

Pharmacy: _____ Phone #: _____

Name of medication: _____ Dosage: _____

How medication is to be taken: (Circle) Orally Topically Inhalation Injection

Time medication to be given: _____ Date med starts: _____ Stops: _____

Reason medication is needed at school: _____

Possible side effects (if known): _____

I understand that my son/daughter will self-administer the medication with assistance from school personnel. I declare that he/she is competent to do so. I will assume full responsibility for any side effects and complications my child may have as a result of taking this medication. The Putnam County School System and its employees and agents shall incur NO liability. The undersigned parent or legal guardian shall indemnify and hold harmless the school and its employees against any claims relating to possession or self-administration of the medication. I give Putnam County School System permission to disclose and receive medical information from my child's physician and pharmacy.

I have received, read and understand the medication guidelines. All questions have been answered to my satisfaction.

Signature of Parent/Legal Guardian: _____

Parent's/Legal Guardian's Name (Print): _____

Home Phone#: _____ Work #: _____ Emergency #: _____