FULTON PUBLIC SCHOOLS
HEALTH SERVICES

PARENT AUTHORIZATION FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICINE POLICY

In an effort to help ensure good health and safety for the students of our school, we have established the following guidelines:

- Do not send medicine to school unless it is absolutely necessary. We request medications be given at home whenever possible.
- Medications prescribed (or given) **three times a day** should be given at home: before school, after school and at bedtime.
- All medications must be presented to the school nurse/office staff in the **original container** that is properly labeled with the child's name. Prescribed medications need to be in the most current prescription bottle.
- Medications **must** be accompanied by a **signed** consent form from the parent/guardian for staff to administer. This consent must include **instructions** (dose, time, frequency) which concur with the prescription/medication label or package directions.
- Medication should be brought to school by the parent/guardian.

Student Name: _____ **Date of Birth:** _____

Select ONE of the following: ☐Prescription Medication ☐ Over-the-counter (OTC) Medication

Date to Begin: _____ **Date to End:** _____

Name of Medication: _____

For Treatment of: _____

Exact dosage: _____

Time to be given: _____

I request the above student receive this medication according to the prescription or package directions for OTC medicine. I understand the information is confidential according to the Family Rights and Privacy Act (FERPA), and school personnel, needing to know, have access to this information. I agree to coordinate and work with school personnel and the prescriber if questions arise.
I understand I may cancel this request at any time, and/or retrieve the medication from the school at any time. I understand the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Parent/guardian signature: _____ **Date:** _____

Relationship to student: _____

Best phone number to reach you: _____

This medication authorization expires at the end of the school year.