

Winston-Salem/Forsyth County Schools  
Authorization for Medication Administration in School

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN / MEDICAL PROVIDER**

Prescribing Health Care Clinician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*In order to keep this student in optimum health and to help maintain maximum school performance, it is necessary that this prescribed medication be given during school hours.*

Check type of medication:  Prescription  Emergency/Rescue  Over-the-Counter

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

Time(s) medication is to be given at school: \_\_\_\_\_

NOTE: "Lunch time" may vary between 10:30am – 1:30pm

\*\* If medication is to be given only as needed, please indicate specific circumstances when medication should be given: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Emergency/rescue medications (inhalers, Epi-pens, insulin, glucagon) will be kept in the classroom with the student or may be kept by the student.

YES  NO Student understands the use of his/her emergency medication and has been instructed how to self-administer such medication.

Signature of Physician/Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PARENT**

I hereby give permission for my child, \_\_\_\_\_, to receive the above prescribed medication during school hours. I agree to send the medication to school in a container originally labeled by a pharmacist and which has written on it: my child's name, the name of the medication, the dosage(s) to be given, and the time and manner the medication is to be given.

I hereby release the Winston-Salem/Forsyth County School System, Board of Education, and their employees and agents from any and all liability that may result from my child taking the above prescribed medication or for the loss of the medication by my child while at school or a school activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number for Parent/Guardian: \_\_\_\_\_