

Authorization and Permission for Administration of Medications  
Knoxville CSD

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Medication: \_\_\_\_\_ Amount to be given: \_\_\_\_\_  
Time to be given: \_\_\_\_\_ Route to be given: \_\_\_\_\_  
Other instructions: \_\_\_\_\_

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer the medication;
- All medication shall be in an original, labeled container as dispensed and/or with the manufacturer's labeled container;
- Prescription medication label must contain student name, name of medication, current directions for use, date, doctor's name;
- Medications given less than four times per day should be administered at home unless ordered differently by the physician.
- At school, all medications shall be kept in a locked drawer or cabinet and administered by the school nurse or other persons designated to administer medications.

Parent/Guardian:

- I request my child be given the above listed medication at school according to prescription or nonprescription instructions and a record maintained. My student has experienced no previous side effects from this medication.
- I agree that the school nurse may contact the prescriber as needed and medication information may be shared with appropriate school personnel.
- I agree to provide safe delivery of medications and equipment to and from school and agree to pick up unused supply at the school year.
- I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinary reasonably prudent person would under the same or similar circumstances.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_