COLQUITT COUNTY SCHOOL HEALTH PROGRAM

AUTHORIZATION TO CARRY OVER-THE-COUNTER MEDICATION

GRADES 10-12 ONLY (_____ School Year)

This form must be completed in its entirety to authorize your student to carry certain over-the-counter (OTC) medications. OTC medications that will be considered for self-carry and administration include acetaminophen (Tylenol), ibuprofen (Motrin, Aleve), diphenhydramine, anti-gas, anti-acid, antibiotic ointments, anti-itch cream, nasal spray, throat spray, menstrual cramp medication, and OTC migraine medications. OTCs that CANNOT be carried by students under any circumstances include medications that contain pseudoephedrine or dextromethorphan. These medications MUST be stored in the school clinic. Responsibilities of carrying and self-administering OTC medications include:

1. AUTHORIZATION TO CARRY OVER- THE- COUNTER MEDICATION FORM must be turned into the clinic before the student can carry medication in the school building. Once the school nurse has verified the form is appropriately completed and verified the medication the student will be allowed to carry the medication.

2. Medication must be brought to school in its original package and must have the student's name written on it in permanent marker.

3. The parent must educate the student on how and when to self-administer the medication in their possession. The school is not responsible for providing such instructions.

4. The student agrees that they will not share their medication with any other student under any circumstances.

To Be Completed By Parent/Guardian

Student's Name: _____

Name of Medication(s) _____

I request that my student be permitted to carry and self-administer the medication(s) named above. I certify that I have legal authority to consent to medical treatment for the student named above. I have instructed my student on the proper administration of this medicine, including when, why and how to take this medication.

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the Colquitt County School District, the Colquitt Board of Education, its employees, agents, representatives, and all other officials from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or other mishap because of negligence in administering such medication or because of its side effects, illnesses or any other such injury which might occur to my child through administering such medication. Further, I hereby release

said aforementioned district, board, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with tis request. I accept legal responsibility for my child should the above medication be lost, given or taken by a person other than the above named student. If this should happen, the privilege of carrying medication will be revoked. I further release the Colquitt County School District, the Colquitt County Board of Education, Board Members, agents, representatives and its employees of any legal responsibility when the above student administers his/her own medication.

_____ _____

Date Signature of Parent/Guardian

_____ _____

Parent/Guardian Phone # Printed Name of Parent/Guardian

To Be Completed by Student

I have been instructed by my parent /guardian on the proper administration of this medication. I understand the symptoms that warrant taking this medication, and I understand how much of this medication to take. I will not allow another student to take my medication under any circumstances. I am aware that should another student take my medication, I will no longer be permitted to carry medication and will be subject to disciplinary consequences as stated in the student discipline policy.

_____ _____

Date Signature of Student

_____

Printed Name of Student

To Be Completed by School Personnel

I have seen the above labeled medication bottle and have received this form that will be kept on file for reference for the _____ school year.

_____ _____

Date Signature of School Personnel

_____

Printed Name of School Personnel

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