



WILSON COUNTY SCHOOLS MEDICATION AUTHORIZATION FORM

Tennessee Code Annotated 49-6-415 and Wilson County Schools Board Policy 6.405 allows a school nurse or designated school employee to assist competent students who are required to take medication during the school day. Medication should be taken at home when possible and limited to those necessary to provide student access to the educational program. Medication will not be administered without a completed form on file. A separate form is required for each medication.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ School Year: _____

MEDICATION INFORMATION <input type="checkbox"/> Prescription Medication <input type="checkbox"/> Non-prescription Medication If the medication is prescription, the below information must be completed by the child's healthcare provider.
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Name of Medication: _____ Dosage and Route: _____

Frequency or Time _____ Purpose of Medication _____

Possible Side Effects _____

Special Instructions _____

Start Date _____ End Date _____

Medication allergies: _____

Can student self-administer the medicine with the assistance of a trained adult? Yes No

HEALTHCARE PROVIDER'S AUTHORIZATION- REQUIRED FOR ALL PRESCRIPTION MEDICATIONS	
By signing below, I certify that the above-named student is under my medical care and requires this medication to be administered at school.	
Provider's Signature _____	Date _____
Provider's Name (Print) _____	Phone _____

PARENT/GUARDIAN AUTHORIZATION (Required)

It is understood that any medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. I understand that I am responsible for furnishing all medications. The school nurse has permission to communicate with the healthcare provider regarding this medication and plan of care including, but not limited to, orders, clarification of orders, etc. I understand that the health care provider may disclose protected health information in consultation with the school nurses. All information obtained will remain confidential and be available on a need-to-know basis to those individuals who are involved in providing for your child's health and educational needs at school. In consideration of the acceptance of the request to perform this service by any person employed by the Wilson County School District, the undersigned parent/guardian hereby understands and agrees that the Wilson County School System and its personnel shall not be held liable for any injury resulting from the reasonable and prudent administration of medication or the reasonable performance of health care procedures, including the administration of medication. Please see T.C.A § 49-50-1602 for more information.

Parent/Guardian's Signature _____ Date _____

Parent's Name (Print) _____ Phone _____

Address _____

WILSON COUNTY SCHOOLS POLICY 6.405
MEDICINES AND INDIVIDUAL HEALTH CARE PLANS

The policies or procedures described below may be revised, modified, or amended in which case the most current policy or procedure will govern. The online version of these policies and procedures are the governing document. School Board Policy 6.405 can be found online [here](#). Policy 6.405 includes the following requirements:

- If the medication is a prescription or herbal medication, the physician must complete the Medication Authorization Form. Both the physician and parent/legal guardian must sign the form. The required paperwork must be submitted to the school before medication will be accepted. A new Medication Authorization Form is required each school year or if there are changes made to the current medication.
- If an over-the-counter medication is **necessary** at school, the parent/legal guardian must complete the Medication Authorization Form. The parent/legal guardian or adult designee must bring the medication to school. **Medications must not be sent to school with the student.**
- Prescription medication must be in a properly labeled pharmacy bottle, which the pharmacist will provide. The label on the medication bottle must match the information provided by the physician. An empty medication bottle may be sent home with a student, but the parent/legal guardian is required to bring the medication to school. Over-the-counter medication (i.e. cough drops, Tylenol, Midol, Benadryl, creams, etc.) must be brought to school by the parent in the **original unopened** container with the student's name written on the bottle. Students must be able to measure their liquid medications.
- The parent/legal guardian is responsible for providing the exact dosage ordered by the physician (i.e. cutting pills, if needed and providing a measuring device for liquid medications).
- The parent/legal guardian and medication designee must count the medication and verify the count by signing on the back of the Medication Record.
- All medication will be kept in a secure, locked area except: inhalers, epi-pens, glucometers and insulin, which are allowed to stay with the student after the appropriate paperwork is completed is filled out and brought to school.
- If the medication is changed or discontinued at school, additional documentation from the physician must be provided.
- Expired medications will not be administered. Emergency medications that will not expire during the school year should be provided whenever possible.
- Medication not picked up at the end of each school year or the end of treatment regimen will be disposed of according to state regulation and district protocol.