

# Over the counter (Non-Prescription) "As Needed"

## Williamson County Schools AUTHORIZATION TO ASSIST COMPETENT STUDENTS WITH SELF-ADMINISTRATION OF MEDICATION

Dear Parent(s),

The self administration or assisted administration of non-prescription/over the counter medication may be done at school following these guidelines:

1. Parent or legal guardian must complete this authorization form. All medication (this includes topicals as well as cough drops, Tylenol, or Motrin) must be brought to the office by the parent.  
**STUDENTS ARE NOT ALLOWED TO BRING THEIR OWN MEDICATION TO SCHOOL.**
2. The medication must be in the manufacturer's original bottle, sealed, with the student's name on the bottle/box. No open containers will be accepted.
3. No medication can be given after the expiration date.

_____	_____	_____	_____	_____
<b>Student's Name</b>	<b>School</b>	<b>Grade</b>	<b>Date of Birth</b>	<b>Medication Allergies</b>
_____	_____	_____		_____
<b>Name of Medication</b>	<b>Dosage and Route</b>	<b>To be administered at</b>		<b>Time</b>

### PARENT/GUARDIAN PERMISSION:

I acknowledge that the above named student is competent to self administer this medication with the assistance from the nurse or designated school employee while in attendance at school. I give permission for my child to self-administer this medication with the supervision of a designated school employee. I grant the school nurse permission as necessary to discuss the prescribed medication with the below named physician. I agree to hold Williamson County Board of Education harmless for the administration of such medication. **I give permission for my health care provider and Williamson County Schools to send or receive a fax of this medical record.**

_____	_____	_____
<b>Name of parent/guardian</b>	<b>Home #</b>	<b>Work #</b>

_____	_____
<b>Signature of parent or guardian</b>	<b>Date</b>
*****	