



Clayton County Public Schools

Non-Prescription Medication Authorization

Parent/Guardian Authorization

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Drug Allergies/Reactions: _____

Name of Medication _____

Dosage _____ Route (by mouth, topical, etc.): _____

Time(s) to be given: _____ Stop Medication on: _____

Reason for medication: _____

Possible Side Effects: _____

Name of Physician: _____ Phone: _____

Parents: PLEASE READ CAREFULLY:

The Clayton County Public School System encourages that medication be taken at home before school hours or after school when possible. However, when necessary, students will be assisted with self-administration of medication or administered medication according to Clayton County Board Policy.

- **Permission must be given to the school staff through the completion of this form.**
- **Medication must be delivered to the school by a responsible adult in brand new sealed container. Medications stored in envelopes, baggies, etc. will not be administered.**
- **A separate permission form is required for each medication to be given.**
- **Parents are responsible for noting the expiration date of all medication. Expired medication will not be given at school.**
- **Any medication not picked up by the last day of school will be destroyed according to the school districts guidelines.**
- **Any over-the-counter medication given every day for 10 consecutive days must have physician's authorization.**

I hereby grant to the principal or designated staff member to administer or assist my child with the self-administration of the medication listed above in accordance with the Medication Policy of Clayton County Board of Education.

I give principal or designated staff my permission to contact the physician's office to request medical information concerning my child.

I understand that it is my responsibility to inform the school of any medication changes. I verify that my child has received this medication before without any complications. New medications or new doses **will not** be given unless a new Non-Prescription Medication Authorization is completed.

Parent/Guardian Signature

Date

Home Phone

Work Phone