GASTON COUNTY SCHOOLS HEALTH SERVICES

AUTHORIZATION OF MEDICATION FOR STUDENTS IN SCHOOL

(New Authorization Required Each School Year)

NAME: ______________________ **BIRTHDATE:** ______________

DIAGNOSIS: ______________________

ANY MEDICATION THAT CAN SAFELY BE GIVEN OUTSIDE OF SCHOOL HOURS SHOULD NOT BE REQUESTED TO BE GIVEN AT SCHOOL. No injection will be given except in potentially life-threatening emergencies such as severe allergic reaction or diabetic complications related to insulin reaction. Middle and High school students will be allowed to carry asthma inhalers and EpiPens unless otherwise specified by physician (GCS Medication Administration Policy).

MEDICATION: (One Medication Per Authorization)

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DOSAGE (AMOUNT TO BE GIVEN):

____

TIME OR FREQUENCY OF DOSAGE(S) TO BE GIVEN AT SCHOOL/RELATIONSHIP TO LUNCH:

____

SIDE EFFECTS (EXPECTED OR PREDICTED):

____

DO NOT GIVE MEDICINE AND CONTACT PARENT IF:

____

COMMENTS: ______________________

______________________ ______________________

Physician's Signature (Printed MD name or clinic stamp)

______________________ ______________________

Telephone Date

PARENT'S PERMISSION TO ADMINISTER/COMMUNICATE WITH PROVIDER

I hereby give my permission for my child (named above) to receive medication during school hours. I give consent for the school nurse to exchange information with the medical prescriber about medicine administration, dose clarification, response to medication, adverse effects, etc. On behalf of my child, I absolve Gaston County Board of Education and their agents and employees from any and all liability whatsoever that may result from my child taking this prescribed medication. I agree to supply the medication as needed. I understand that I am expected to pick up any remaining medication at the end of the school year or end of dosage period or the medication will be discarded 7 days thereafter.

______________________ ______________________ ______________________

Parent's Signature (Required for Administration) **Daytime phone number** **Date**

Revised 4/10