

**FCSC POLICY APPENDIX 5.37 B**

**FAYETTE COUNTY SCHOOL CORPORATION  
PARENTAL MEDICATION AUTHORIZATION FORM**

I hereby give permission for the school nurse or designated staff member to administer medication to \_\_\_\_\_ during school hours, in accordance with instructions on original container.

I agree to provide all medications in the original container from the pharmacy and to renew long-term medication orders at the beginning of every school year in accordance with the school district policy. As a parent/guardian, I may withdraw my consent (in writing) at any time.

Non-prescription medication must also be sent in the original container, plainly marked with the student's name, dosage, and time to be administered. This will be administered by the school nurse or designated staff member consistent with your request.

If designated staff members of the Fayette County School Corporation are to give medication at school, please fill in the information below:

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Reason for taking medicine \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dose to be given \_\_\_\_\_ Time to be given \_\_\_\_\_

If medication is to be given "AS NEEDED", describe specifics \_\_\_\_\_

How often can it be repeated? \_\_\_\_\_

This medication should be taken from \_\_\_\_\_ to \_\_\_\_\_

Date Date

Physician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

- Related Documents:
- Appendix 5.37 A/ Medical Information Form
  - Appendix 5.37 C/Medication Procedure
  - Appendix 5.37 D/Medication & Bus Riders
  - Appendix 5.37 E/Self Carry/Administration