SUMNER COUNTY SCHOOLS
PERMISSION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

Name of Student _____

School _____ **Grade** _____ **Date of Birth** _____

Teacher (Homeroom) _____

Medication _____ **Dosage** ***Will be given according to package directions**

Purpose of medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days to be given at school _____

Name of Physician _____ **Physician's Contact** _____

Alternative Medicines: "herbs, herbal supplements, homeopathic medicines, vitamins, traditional or cultural treatments, salves, nutritional supplements, and other products that are not generally considered part of conventional medicine will not be administered at school. The actions and potential side effects of these products are not readily available to health care providers and cannot be safely administered by school staff."

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the request to perform this service by any person employed by the Sumner County School System, the undersigned parent or guardian hereby agrees to release the Sumner County School System and its personnel from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for _____ **to take the above medication. I understand that it is my responsibility to furnish this medication. I further understand that my signature gives Sumner County School Nurses permission to disclose and receive medical information regarding this student on a need-to-know basis.**

Is your child competent to self-administer medication WITH assistance from trained, unlicensed, school personnel (please circle)?	**YES or NO**

Signature of Parent/Guardian	**Date**

Phone 1	**Phone 2**

Nurse Signature	**Date**

Please refer to the *2014 Tennessee State Guidelines of Health Care Professionals and Health Care Procedures in a School Setting [Tennessee Code Annotated, Section 49-5-415 (a)]* for further clarification on self-administration.
5/2016