

**LOWNDES COUNTY SCHOOL SYSTEM**  
**Prescription Medication Authorization and Release**

The Lowndes County Board of Education Policy states that the school principal or designee may administer medication prescribed by a doctor if **ALL** of the following requirements are met:

- A. All medicine shall be in the ORIGINAL, LABELED PRESCRIPTION container, on which the doctor's instructions are given.
- B. Written instructions from a doctor as how to administer (amount, time, etc.) must be shown.
- C. A written request by the parent or guardian must be submitted to the school to administer the medication.
- D. The school shall keep a written daily report of medication administered, including the student's name, type of medicine, date and time. No aspirin will be given to students, even though the parent may approve/request such be done. Other medications which are free from aspirin should be considered.
- E. A parent or responsible adult designated by the parent must deliver all medication to a designated school employee.

**REQUEST OF PARENT OR GUARDIAN**

You are requested to administer the following medicine to my child.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_/\_\_\_\_\_  
School Teacher

\_\_\_\_\_  
Name of Medicine

\_\_\_\_\_  
Doctor

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

\_\_\_\_\_  
Length of time medicine will be needed

The needed medicine must be furnished in the **ORIGINAL, LABELED** prescription container, on which the doctor's instructions are given. Any unused or expired medication not picked up by the parent/guardian will be destroyed.

The undersigned releases and agrees to hold harmless and indemnify the Lowndes County Board of Education and any employee of the Board from any liability whatsoever occasioned by the administration or nonadministration of the above described medication to my child during school hours in accordance with the above instructions.

The undersigned also authorizes the prescribing physician to discuss with the principal or designee any matter regarding the medication to be administered.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Name Relation to student

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date

Phone number \_\_\_\_\_