

GILES COUNTY PUBLIC SCHOOLS

Over The Counter Medication Permission Form

Date _____

Student _____ Birthdate _____

Name of Medication _____

Specific time(s) and dose(s) to be given at school _____

Length of time to be given _____

Reason(s) medication is to be given _____

Possible side effects _____

Physician's Name _____ Telephone # _____

Allergies _____

Other/Special Instructions _____

I, _____, the parent or legal custodian of
_____ Request that designated school
personnel administer the above medication to _____
during school hours and at the times indicated. I agree to furnish said medication in the
container supplied by the drug store with the label intact. I understand and accept that the
Giles County School Board, its employees, agents or designee is not responsible for any
effects of the medication administered.

Date

Signature of Parent/Legal Custodian

Medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent/guardian of the student. Medication not picked up by the parent/guardian by the end of the school year, will be discarded. Each 'Medication Authorization' must be renewed at the beginning of each school year.