

**Buford City Schools Student Support Services**  
Guidelines for Medication Administration Assistance

- 1.) All medication (prescription & nonprescription) must be taken (by an adult) directly to the office for safe storage.
- 2.) All medication must be accompanied by an Administration of Medication request form (**signed permission by parent/guardian**) before school officials will assist in the administration of any medication. No exceptions. **Verbal consent cannot be accepted.**
- 3.) All medication must be in the original child-resistant container. Prescription medicines must be in the labeled prescription bottle with student's name prescribed. If medicine is needed during school hours, during a limited time-period, bring enough medicine for daily dose. The empty container will be returned to the student. **No medication can be returned to a student to carry home.** Extra doses of leftover medicine will be stored in the office until an adult can pick it up. The school nurse will dispose of all medication not retrieved one week after the duration date has passed.
- 4.) Administration of medicine during school hours is discouraged. Parents should check with their physician regarding the need for medications during school hours. Medications prescribed three times daily often can be given before school, after school, and at bedtime.
- 5.) Any medication found in the possession of a student will be taken to the office for storage until the parent/guardian can be contacted. It will not be returned to the student, and the student will face disciplinary action for violation of school's policy on medication.
- 6.) Over-the-counter medication (ex. Tylenol, Motrin, cough remedies) will **not** be given on a continual "as needed" basis during school hours, unless prescribed by a physician for chronic/acute disorders. Parents will be notified before medications are given to prevent over-medicating a student between home & school dosages.
- 7.) The signed form, **Authorization for Self-Administration of Asthma Medication by A Minor Child at School**, needs to be completed for Buford City School students to carry their inhalers.

ADMINISTRATION OF MEDICATION REQUEST

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_ Doctor: \_\_\_\_\_  
Reason of medication given: \_\_\_\_\_  
Amount to be given (**dosage**)/When to be given (**schedule**): \_\_\_\_\_  
How long needed (**duration**): \_\_\_\_\_  
List all allergies (if any) &/health concerns/side effects: \_\_\_\_\_

Phone #'s (home) \_\_\_\_\_ (other) \_\_\_\_\_

The undersigned hereby releases and agrees to hold harmless and indemnify the Buford City Schools Board of Education and any employee of the Board from any liability whatsoever occasioned by the administration or non-administration of the above described medication to our child during school hours in accordance with above instructions.

The undersigned also authorizes the prescribing physician named above to discuss with the principal or his/her designated staff member any matter regarding the medication to be administered.

\_\_\_\_\_  
**signature of parent/guardian**

\_\_\_\_\_  
**date**