



Medication Authorization Form

Tennessee Code 49-5-415 allows the school nurse or designated school employee to assist competent students who are required to take medication during the school day. Medication should be taken at home when possible and limited to those necessary to provide access to the educational program. The parent/guardian must review the Medication Administration Guidelines and provide written consent. Medication will not be administered without a completed medication form on file. A separate form is required for each medication and student.

Student Name _____ Date of Birth _____
School _____ Grade _____ School Year _____
Medication allergies _____

MEDICATION INFORMATION

- ☐ Prescription Medication
☐ Non-Prescription Medication

Medication: _____ Dosage: _____

Start Date: _____ End Date: _____

Route: ☐ By mouth ☐ Other _____

☐ Enteral, via _____ ☐ Flush tube with ____ mls water after administration

Time: ☐ Scheduled Time(s) _____

☐ As Needed For: _____ Frequency: _____

Other Instructions: _____

PRESCRIBING HEALTHCARE PROVIDER ORDER – (Required for all prescription medications)

The above-named student is under my medical care and requires this medication to be given at school.

Provider's Signature _____ Date _____ Provider's
Name (Print) _____ Phone _____

PARENT/GUARDIAN'S AUTHORIZATION (Required) I give permission for the medication listed to be administered in school by the nurse or other trained personnel. I consent to communication between the school nurse and prescribing health care provider or clinic to discuss administration of the medication. The undersigned parent/guardian hereby agrees to exempt and release the school district and its directors, officers, employees, volunteers, and agents from any and all liability, claims, demands, or actions whatsoever arising out of any damage, loss, or injury that my student or I/we might sustain or which they now have or may hereafter have arising out of the administration of this medication.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Name (Print) _____ Phone _____



Medication received by _____ Quantity _____ Date _____ Exp. Date _____

Medication Authorization Form Rev. 03/26 Williamson County Schools Medication Administration Guidelines

All medications (over-the-counter and prescription) require a completed Medication Authorization Form. A separate form is required for each medication and student. Prescribing provider authorization is required prior to administration for all prescription medications to be given by WCS school personnel. It is the responsibility of the parent/guardian to obtain the signature on the form. A new authorization form is required each school year and if the medication or dosage is changed. All medication must be delivered & picked up by a parent/guardian or responsible adult. Students are not allowed to bring their own medication (including vitamins, cough drops, Tylenol, etc.) to school. It is a violation of state and district policy for students to carry medication on school grounds, except for emergency medications approved by state law with written permission by parent/guardian and prescribing healthcare provider. Over-the-counter medication must be provided in the original, unopened container with the ingredients label. The dosage and/or usage requested for administration must fall within the recommended instructions on the label. Anything outside recommended dosing or usage requires authorization from a prescribing healthcare provider. Prescription medications must be brought to school in the original, pharmacy labeled container with student's name, prescription number, drug, dosage, and directions for administration. Prescription medication must be counted when brought to school with the school nurse or designated employee and the parent/guardian. No more than a thirty (30) day supply should be stored at school. The first dose of new medication should always be given at home in case of an adverse reaction. Expired medications will not be administered. Parent/guardian should provide medications that will not expire during the school year whenever possible. If a student requires medication once, twice or three times during the day, it should be taken before school, after school, and/or at bedtime unless it is necessary to provide access to education. Medications should not be scheduled for administration in the first 30 minutes of the school day or 30 minutes prior to dismissal. Daily medications that are scheduled to be taken at home will not be stored in the clinic for as needed dosing. Alternative/non-FDA approved medications will be limited to those prescribed by an MD/DO and needed to attend school. Approval will be made on a case-by-case basis annually. Medication not picked up at the end of each school year or the end of treatment regimen will be