



KENNESAW CHARTER SCIENCE AND MATH ACADEMY

MEDICATION AUTHORIZATION

If medication can be given at home, before or after school, please do so. If medication must be given during school hours, this form **MUST** be completed and filed with the school clinic.

Student's Name

Teacher

Grade

I authorize KCSMA to assist my child in taking medication. I understand that:

- Written permission of the parent/guardian is required for the administration of all medications
- Medications must be brought to the clinic/office by the parent/guardian
- The parent/guardian must inform the school of any medication changes, new medication or new doses will not be given unless a new form is given
- Medications must be in the original labeled container. Pharmacists may provide two labeled bottles for this purpose. Medications sent in an unlabeled container will not be given. If your child takes daily medication, please send an extra bottle to be used for field trips and After School Program
- Unused medication will be disposed of unless picked up within one week after medication is discontinued. If medication is given throughout the school year, medication will be disposed of according to the medication Rule Section IX.

Name of Medication:

Dose:

Route:

Times Given:

Date to Discontinue Medication:

Condition/Illness Requiring Medication:

Possible Side Effects, If Any:

Licensed Health Care Provider:

Licensed Health Care Provider's Phone Number:

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse KCSMA, its employees, agents, representatives, and all other officials, from any or all claims, actions, suits, losses, cost, expenses, and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

Parent/Guardian Signature

Date

Home Phone

Work Phone

Cell Phone

Revised 9/2013