

# Prescription Medication - Release and Authorization

\*Prescription medication must be in a container labeled by the pharmacist or prescriber.

\*An adult must bring the medication to the school.

\*It is the parent's responsibility to provide the correct amount of medication so that it is available when needed.

**\*The very first dose of this medication cannot be administered at school.**

\*The school nurse (RN) may call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

With full knowledge of any emergencies, dangers, and risks related to the administration of such medication by The Bright School, I, the undersigned, hereby waive all claims which might arise from said medication to said minor child and the result thereof. I agree to indemnify and hold harmless The Bright School, its members, officers and employees from any and all liability relative to the administration of such medication.

I understand that I must submit a revised statement and sign it if any information/conditions change (either medication OR dosage). It is requested that the parent/ legal guardian sign below.

NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

DOSAGE: (amount) \_\_\_\_\_

TIME TO BE GIVEN AT SCHOOL: \_\_\_\_\_

MEDICATION TO BE GIVEN (circle one):    Entire School Year      Specific Dates: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**NOTE:** Under Tennessee state law, prescription medication must be brought in the original, pharmacy labeled container. The container shall display:

Child's Name

Prescription Number

Medication Name and Dosage

Administration Route or Other Directions

Date

Licensed Prescriber's Name

Pharmacy Name, Address, and Phone Number

\_\_\_\_\_  
PARENT'S/GUARDIAN SIGNATURE

\_\_\_\_\_  
DAYTIME PHONE