



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Authorization for Medication

Please complete this form **IF** it applies to your student.

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive either prescription or non-prescription medicines at Tillery Charter Academy. No medication will be given to your child at school until this authorization form has been received and signed by your child's doctor. A separate form is required for each medicine. New authorization forms are required every year at the beginning of school, whenever the DOSE or DIRECTIONS CHANGE, or when a new medicine is prescribed. Each medicine must be in an appropriately labeled ORIGINAL container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. A completed authorization form is also required for the administration of non-prescription medicines to be given at school. This must be signed by a child's doctor. This does not apply for a student to self-carry.

Student's Name: _____ Grade: _____

Parent or Guardian's Permission: *I give permission for my child to receive the medicine described below during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve Tillery Charter Academy and their employees from any and all liability whatsoever that result from my child taking this medicine at school.*

Signature of parent or guardian: _____ Date: _____

Emergency Contact Number: _____

For Licensed Healthcare Provider Use Only: (Please write legibly using lay terms)

Specific Directions: (Please include exact amount to give, at what times and/or how often, relationship to meals, specific indications, e.g. if prn (as needed))

Purpose of medication: _____

Medication prescribed: _____ Strength/Dose: _____

Side effects/adverse reactions: _____

Any other instructions including emergency situations that may arise:

Licensed Physicians Signature: _____ Date: _____