

**Williamson County Schools**  
**AUTHORIZATION TO ASSIST COMPETENT STUDENTS**  
**WITH SELF-ADMINISTRATION OF NON-PRESCRIPTION MEDICATION**

Dear Parent(s)/Guardian(s),

The self-administration of medication by students can only be done if you understand the information and provide written consent. Thank you for your cooperation.

1. Non-Prescription medication can only be self-administered at school during school hours when it is required to maintain the health of the student.
2. Medication must be brought to school by parent/guardian or their designated responsible adult, for the student for whom this permission is signed. It must be brought in with the original label listing the ingredients, dose schedule, and student's name affixed to the container, and delivered to the school nurse or designated school employee.
3. The first dose of medication will be given at home in case of an adverse reaction to the medication.

<b>Student's Name</b>	<b>School</b>	<b>Grade</b>	<b>Date of Birth</b>	<b>Medication Allergies</b>
<b>Name of Medication</b>	<b>Dosage and Route</b>	<b>Time/How Often</b>	<b>Reason for Medication</b>	
<b>Discontinuation Date</b>				

**PARENT/GUARDIAN PERMISSION:**

I acknowledge that the above named student is competent to self-administer this medication with the assistance from the nurse or designated school employee while in attendance at school. I give permission for my child to self-administer this medication with the supervision of a designated school employee. I grant the school nurse permission, as necessary, to discuss the administration and use of this medication with the below named physician. I agree that the Williamson County Board of Education shall incur no liability and be held harmless against any claims of injury related to the administration of such medication. I give permission for my health care provider and Williamson County Schools to send or receive a fax of this medical record.

<b>Name of parent/guardian</b>	<b>Home #</b>	<b>Cell#</b>	<b>Work #</b>
<b>Signature of parent or guardian</b>	<b>Date</b>	<b>email</b>	
<b>Address of parent/guardian</b>	<b>Name and phone number of student's physician</b>		