



BRIGHTEN ACADEMY

Homeroom Teacher _____

AUTHORIZATION FOR STUDENTS TO CARRY MEDICATION

As provided for in Douglas County Board of Education Policy, JGCD and Regulation JGCD-R, _____, needs to carry the following labeled medication with him/her. The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication.

Medication	Dosage and Directions
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Physician's Signature	Date
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I have been instructed in the proper use of my labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my medication, the privilege of carrying my medication may be revoked. I also accept the responsibility for checking in with the school health monitor to keep her informed of use of my medication in case I start having problems.

Student's Signature	Date
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I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the medication described above, at school. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. ***I release Brighten Academy and its employees of any legal responsibility when the above named student administers his/her own medication.***

Parent/Guardian Signature	Date
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Reviewed by School Nurse _____

School Administrator's Signature	Date
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Phone: 770-615-3680 * 5897 Prestley Mill Road – Douglasville, GA 30135 * Fax: 770-575-3614